

RECEIVED CERTIFICATE OF STILLBIRTH

JAN 11 1952

State of Idaho

State File No.

Local Reg. No. 2

Reg. Dist. No. 37

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) Boise d. STREET ADDRESS (If rural, give location) 915 East Washington	
3. CHILD'S NAME (Type or Print) Baby (Boy) Manwaring			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 3, 1952
7. FATHER'S NAME a. (First) Leo b. (Middle) R. c. (Last) Manwaring		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION accountant	11b. KIND OF BUSINESS OR INDUSTRY State employee
12. MOTHER'S MAIDEN NAME a. (First) Rella b. (Middle) - c. (Last) Sorensen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Bear River City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Leo R. Manwaring			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 3 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none determined other than unusual number placental infarcts	
20b. MATERNAL CAUSES " "			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Fetal death 8 or 10 days before labor		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6 P. m.		23a. ATTENDANT'S SIGNATURE H. E. BERMAN, M.D.	
23c. ATTENDANT'S ADDRESS Boise, Idaho		23b. DATE SIGNED	
24. SIGNATURE OF AUTHORIZED OFFICIAL Quasell D. Nelson		TITLE Boise, Ida.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 5, 1952	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 1-8-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Relver Mortuary 318 N. Latah St.	

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RECEIVED
JAN 21 1952

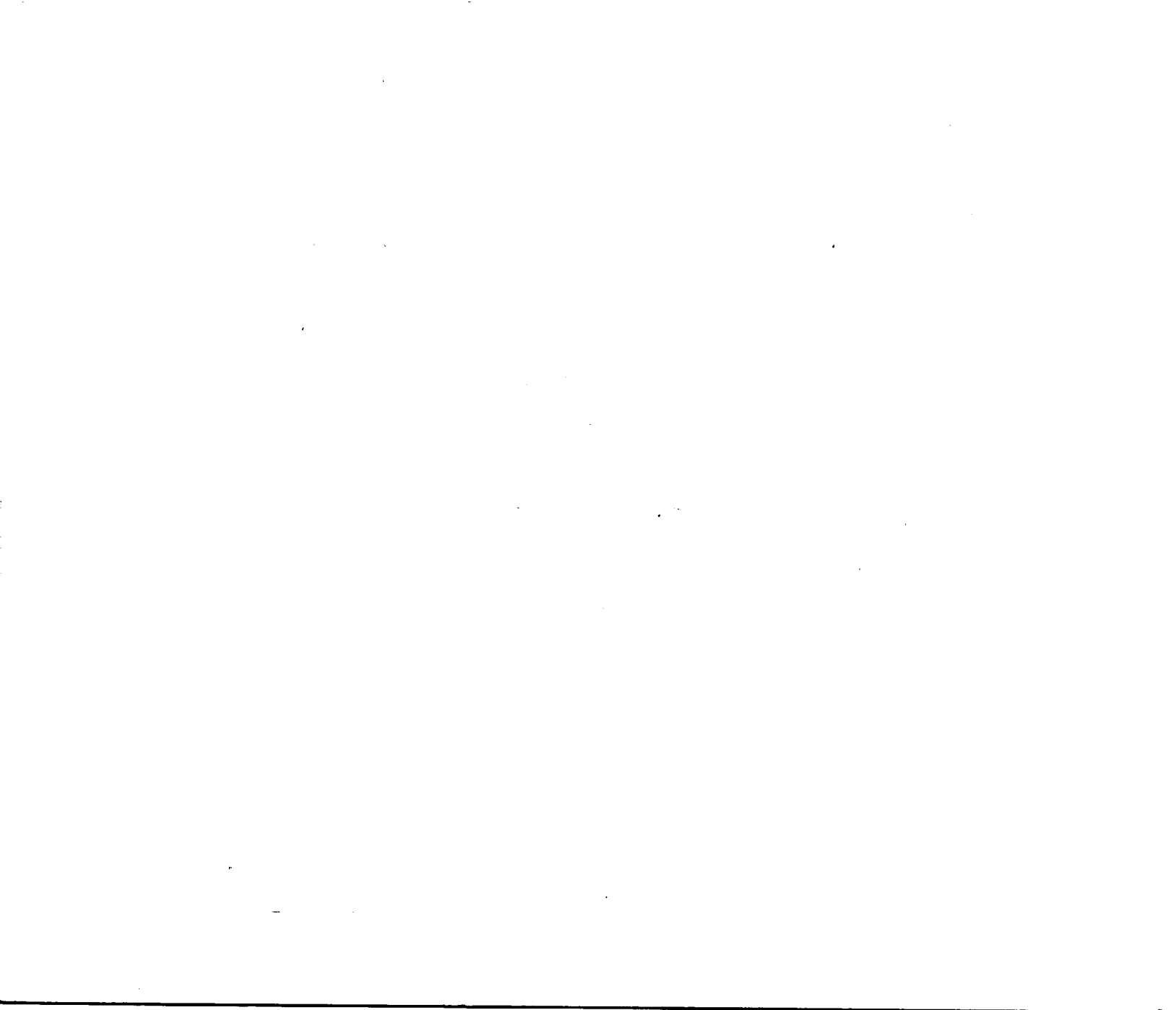
(1949 Revision of Standard Certificate)

State File No. 002

Local Reg. No. 22

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonse		d. STREET ADDRESS (If rural, give location) 1608 N. 27th.	
3. CHILD'S NAME (Type or Print) Infant Smith			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) Jan. 10 1952
7. FATHER'S NAME a. (First) Fred b. (Middle) W. c. (Last) Smith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Grand Island, Neb.	11a. USUAL OCCUPATION Truck Express	11b. KIND OF BUSINESS OR INDUSTRY Trucking
12. MOTHER'S MAIDEN NAME a. (First) Jean b. (Middle) Ainsworth c. (Last) Ainsworth		13. COLOR OR RACE White	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Carry, Ida.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Fred W. Smith			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 1/11/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Premature Placental Separation	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Labor		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max H. Bell, M.D.	
23b. DATE SIGNED 1/11/52		23c. ATTENDANT'S ADDRESS Boise, Idaho.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Daniel S. Gibson		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan 12 1952	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Ida.
DATE REC'D BY LOCAL REG. 1-23-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR ADDRESS Schreiber-Mc Ann-Gibson-Boise	



Dr. Bell

PHS-797(VS)

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

RECEIVED
JAN 24 1952
DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

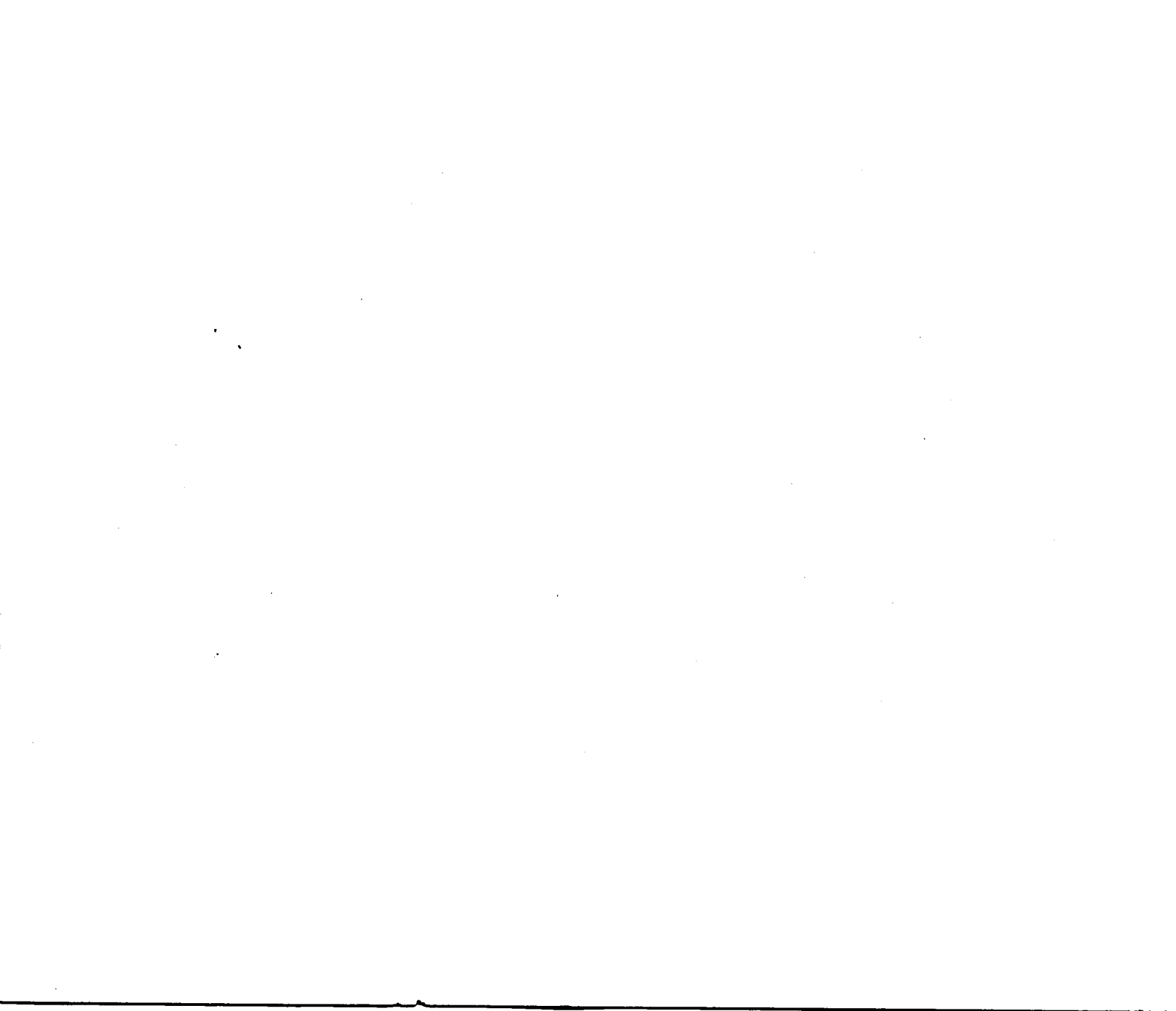
State of Idaho

State File No. 003

Local Reg. No. 24

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 1220 Grant	
3. CHILD'S NAME (Type or Print) Baby Girl Roark			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 13 52
7. FATHER'S NAME a. (First) Albert b. (Middle) Harry c. (Last) Roark		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Meridan	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY American Linen
12. MOTHER'S MAIDEN NAME a. (First) Bethel b. (Middle) Louise c. (Last) Castor		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Boise	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Albert Harry Roark			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Umbilical Cord Compression	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Low Forceps - Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max H. Bell, M.D.	
23b. DATE SIGNED 1/15/52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, OR REINTERMENT (Specify) Burial		25b. DATE Jan. 17 1952	25c. NAME OF CEMETERY OR CREMATORY Meridan
25d. LOCATION (City, town, or county) Meridan		25e. (State) Idaho	
DATE REC'D BY LOCAL REG. 1-23-52		REGISTRAR'S SIGNATURE Myrtle Palmer	
26. FUNERAL DIRECTOR Schreiber-McCann-Gibson		ADDRESS Boise	



CERTIFICATE OF STILLBIRTH

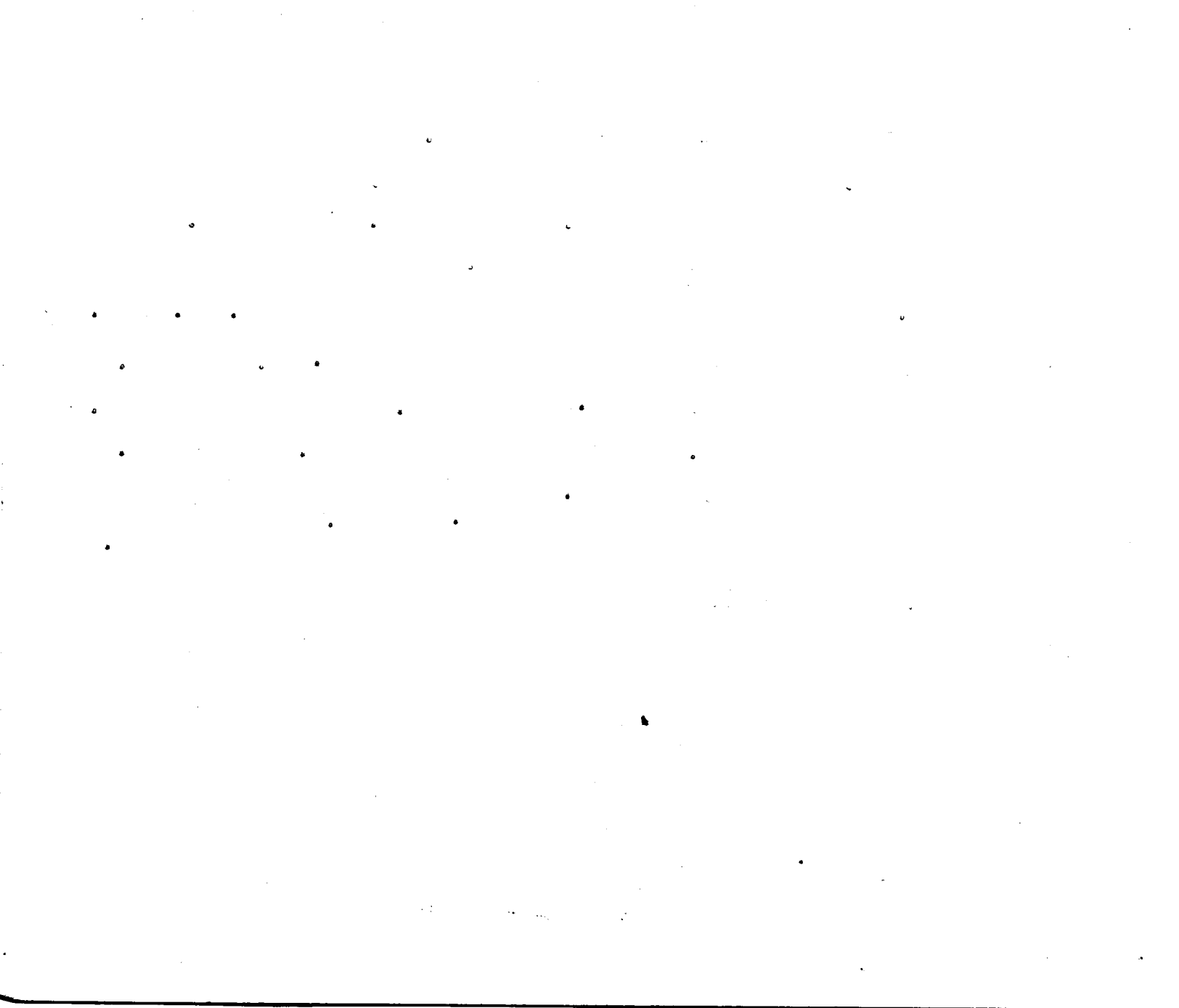
State of Idaho

State File No. 004

Local Reg. No. 42

Reg. Dist. No. 370

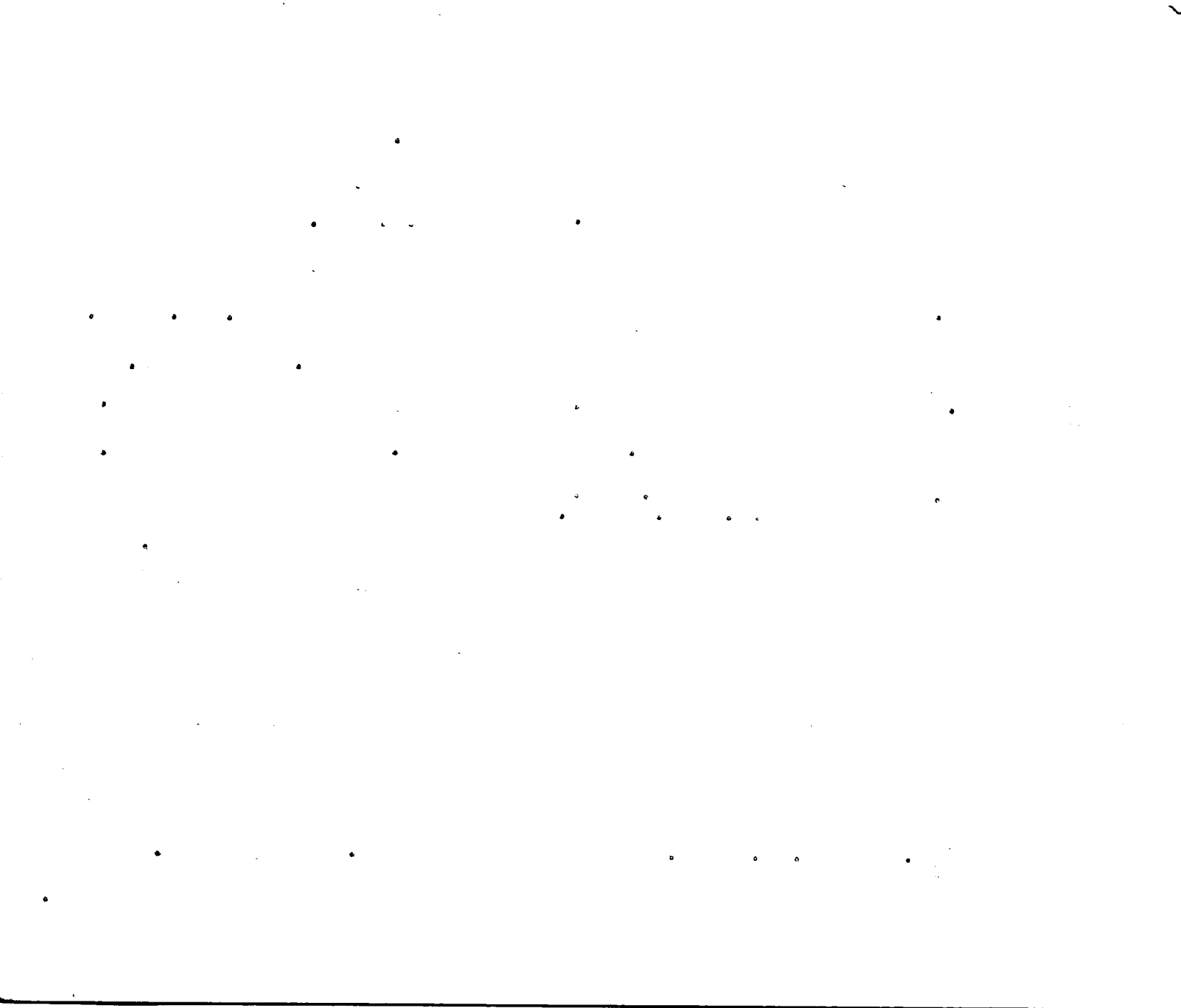
1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise.	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.		d. STREET ADDRESS (If rural, give location) 2001. Cherry Lane.	
3. CHILD'S NAME (Type or Print) BOBBIE JOE BOHNA.			
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) January. 27. 1952.
7. FATHER'S NAME a. (First) Charles b. (Middle) Oliver c. (Last) Bohna. Jr.		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Portland, Oregon.	11a. USUAL OCCUPATION Machinest.	11b. KIND OF BUSINESS OR INDUSTRY Baxter Foundry.
12. MOTHER'S MAIDEN NAME a. (First) Cozette. b. (Middle) Arlene c. (Last) Prokesh.		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Wolback, Nebraska.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None. b. How many children were born alive but are now dead? None. c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.	
17. INFORMANT <i>Charles Oliver Bohna Jr 2001 Cherry Lane</i>			
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1-29-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>asphyxia due to tight cord around neck.</i>		
	20b. MATERNAL CAUSES <i>none.</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:30 A.M.	23a. ATTENDANT'S SIGNATURE <i>Mrs. D. Beckmunksen M.D.</i>		23b. DATE SIGNED 1-29-52
	23c. ATTENDANT'S ADDRESS <i>Boise, Idaho</i>	IF NOT attended by physician <input type="checkbox"/>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Alton D. McMurtry</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 29, 1952	25c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 2-5-52	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR ADDRESS SUMMERS FUNERAL HOME	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 OF VITAL State of Idaho

State File No. 805Local Reg. No. 51Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise,</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho.</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise,</u> d. STREET ADDRESS (If rural, give location) <u>R.D. # 4.</u>	
3. CHILD'S NAME ((Type or Print)) <u>KIM SCHULTSMEIER.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>January. 31. 1952.</u>
7. FATHER'S NAME a. (First) <u>Lee</u> b. (Middle) <u>Schultsmeier.</u> c. (Last) <u>White.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>31.</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mc Cook, Nebaska.</u>	11a. USUAL OCCUPATION <u>Repairman, General Electric Co.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Blanche Mae.</u> b. (Middle) <u>Walter.</u> c. (Last) <u>White.</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>34.</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Gloversville. N.Y.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None.</u>	
17. INFORMANT <u>Lee Schultsmeier</u> <u>R.D. # 4. Boise.</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>1</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>42</u> No <u>2</u> Approximate date <u>Aug 52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>None</u>		
	20b. MATERNAL CAUSES <u>Complete premature separation of placenta</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Normal other than above</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Ant. Rpt. of memb., forceps, episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2 P</u> m.	23a. ATTENDANT'S SIGNATURE <u>Gene Reynolds</u> (Specify if M. D., midwife, or other) <u>M.D.</u>		23b. DATE SIGNED <u>2-4-52</u>
	23c. ATTENDANT'S ADDRESS <u>310 Idaho Boise Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	25b. DATE <u>Feb. 2. 1952.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery. Boise, Idaho.</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>2-11-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. ADDRESS <u>Summers Funeral Home, Boise, Idaho.</u>



RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 006

Local Reg. No. 45

Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's		d. STREET ADDRESS (If rural, give location) 612 Hillview Drive	
3. CHILD'S NAME (Type or Print) Baby Hon			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Jan. 30, 1952
7. FATHER'S NAME a. (First) William b. (Middle) A c. (Last) Hon		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Assistant Mgr.	11b. KIND OF BUSINESS OR INDUSTRY Auto Sales
12. MOTHER'S MAIDEN NAME a. (First) Edith b. (Middle) Romaine c. (Last) Calley		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Orlando, Florida	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT William C. Hon 612 Hillview Dr. Boise, Idaho			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH ? LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Aug - 51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) none		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Complete premature Separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Art. rupt. of memb. -	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 p. m.		23a. ATTENDANT'S SIGNATURE Wm. Reynolds m.d.	23b. DATE SIGNED 2-4-52
23c. ATTENDANT'S ADDRESS Boise Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL A. E. Alden TITLE McBratney-Alden Chapel
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 4, 1952	25c. NAME OF CEMETERY OR CREMATORY Dry Creek	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 2-5-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR A. E. Alden ADDRESS Boise, Idaho	

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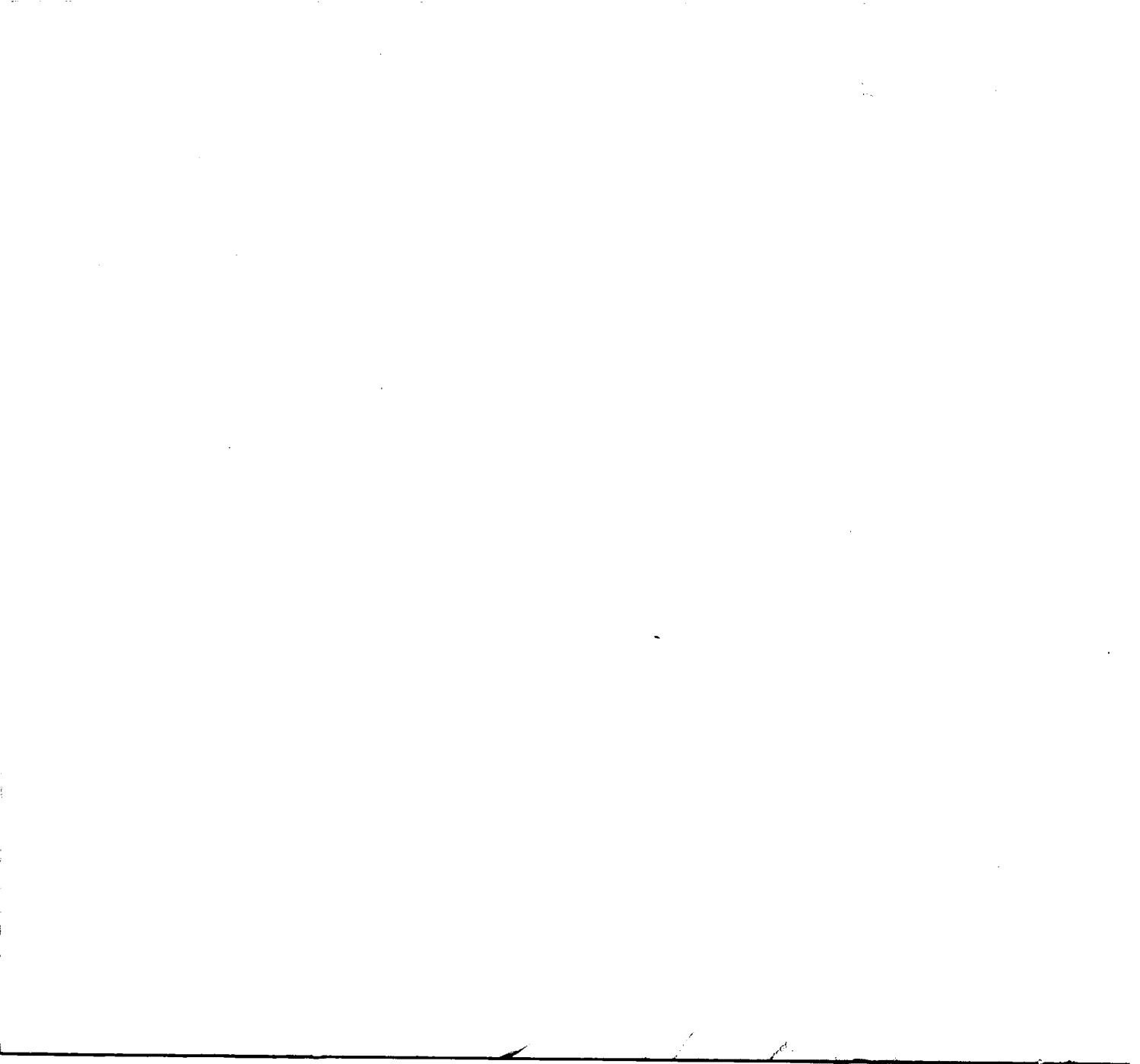
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

Local Reg. No. 19

Reg. Dist. No. 5.10

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 245 North 2nd.			
3. CHILD'S NAME (Type or Print) Baby Girl Miller #1					
4. SEX female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 7 52		
7. FATHER'S NAME a. (First) John		b. (Middle) Leslie		c. (Last) Miller	
9. AGE (At time of this birth) 56 YEARS		10. BIRTHPLACE (State or foreign country) Oklahoma		11a. USUAL OCCUPATION Carmen	
				11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.	
12. MOTHER'S MAIDEN NAME Pauline		a. (First) Pauline		b. (Middle) Johnson	
				c. (Last) Johnson	
14. AGE (At time of this birth) 39 YEARS		15. BIRTHPLACE (State or foreign country) Forest County, Ark.		13. COLOR OR RACE negro	
17. INFORMANT Pauline J. Miller		mother		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
18a. LENGTH OF PREGNANCY 40 WEEKS		18b. WEIGHT AT BIRTH Not LBS. Weighed		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Low pregnancy - heart of Luter heart no heart of trauma			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none reported death		22. STATE ALL OPERATIONS FOR DELIVERY manual removal of fetus & double Parents			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:05 a.m.		23a. ATTENDANT'S SIGNATURE Jessie L. Powell		23b. DATE SIGNED 1/9/52	
		23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL J. Henderson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Jan. 9, 1952		25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	
				25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. Jan. 18, 1952		REGISTRAR'S SIGNATURE Jessie L. Powell		26. FUNERAL DIRECTOR ADDRESS Pocatello, Idaho.	



JAN 21 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho		b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 245 North 2nd.			
3. CHILD'S NAME (Type or Print) Baby Girl Miller #2					
4. SEX female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 7 52		
7. FATHER'S NAME a. (First) John		b. (Middle) Leslie		c. (Last) Miller	
9. AGE (At time of this birth) 56 YEARS		10. BIRTHPLACE (State or foreign country) Oklahoma		11a. USUAL OCCUPATION Carman	
				11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.	
12. MOTHER'S MAIDEN NAME a. (First) Pauline		b. (Middle) Johnson		c. (Last) Johnson	
14. AGE (At time of this birth) 39 YEARS		15. BIRTHPLACE (State or foreign country) Forest County, Ark.		13. COLOR OR RACE negro	
17. INFORMANT Pauline J. Miller mother		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0		b. How many children were born alive but are now dead? 0	
18a. LENGTH OF PREGNANCY 40 WEEKS		18b. WEIGHT AT BIRTH Not weighed OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept/51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Long pregnancy - head of fetus R			
		20b. MATERNAL CAUSES No test of placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Superficial death		22. STATE ALL OPERATIONS FOR DELIVERY 2 fetuses manual removal of double placenta			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:07 a. m.		23a. ATTENDANT'S SIGNATURE Pauline J. Miller		23b. DATE SIGNED 11/9/52	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Jan. 9, 1952		25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	
DATE REC'D BY LOCAL REG. Jan 18 1952		REGISTRAR'S SIGNATURE Jessie J. Powell		25d. LOCATION (City, town, or county) (State) Pocatello, Idaho	
		26. FUNERAL DIRECTOR Frank Henderson		ADDRESS Pocatello, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

JAN 25 1952

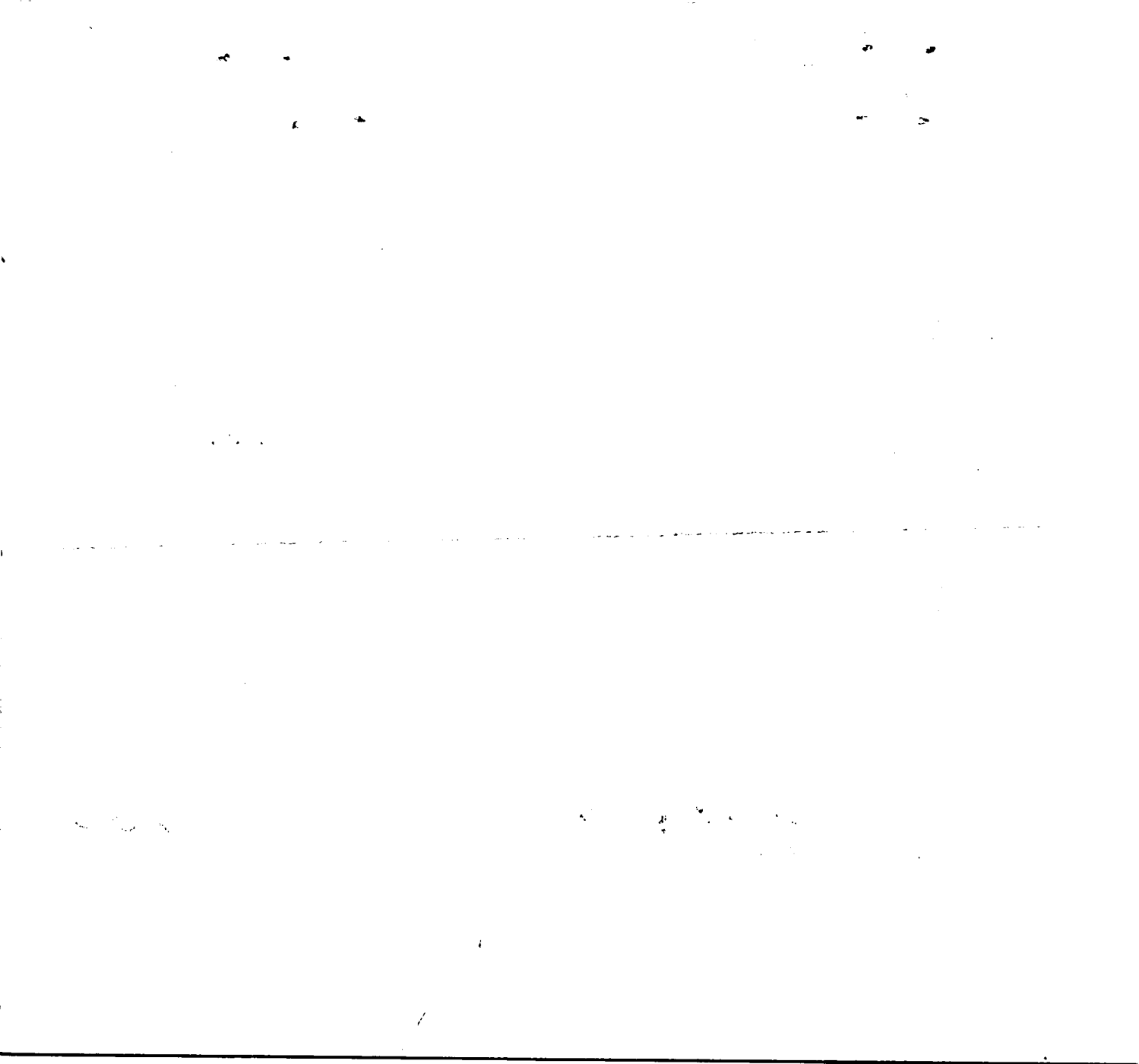
DIVISION OF VITAL
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 209

Local Reg. No. 28

Reg. Dist. No. 540

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) #88 Campus Drive	
3. CHILD'S NAME (Type or Print) Baby Boy Schuerman			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 12 52
7. FATHER'S NAME a. (First) Ernest b. (Middle) Irving c. (Last) Schuerman		8. COLOR OR RACE white	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Whittier, Calif.	11a. USUAL OCCUPATION Student	11b. KIND OF BUSINESS OR INDUSTRY I.S.C.
12. MOTHER'S MAIDEN NAME a. (First) Lavaun b. (Middle) c. (Last) Hillieard		13. COLOR OR RACE white	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. E.I. Schuerman mother			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Thrombosis of Cord. Cord nearly separated from baby at umbilicus Rheumatic heart disease		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rheumatic heart disease		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:10 p.m.		23a. ATTENDANT'S SIGNATURE Ralph B. Hepler M.D. 23b. DATE SIGNED 1-17-52	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE 1-14-52	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. JAN 24 1952	REGISTRAR'S SIGNATURE Jessie J. Powell	26. FUNERAL DIRECTOR Byron B. Dornard Pocatello Idaho	



DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Baby Boy Schuerman
now lying buried in Mount Inview Cemetery, in the City or Town of Pocatello
County of Bannock State of Idaho, who died on the 12 day of January, 1952, Aged _____ years _____ months
_____ days, the cause of death being Stillborn _____ and
not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever
or yellow fever as shown by the certificate of death of said deceased, given by

Dr. Ralph Hegsted attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
to Grove City Cemetery in the City or Town of Blackfoot County of Bingham
private or railway conveyance

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of
Bannock

it being understood and provided that nothing herein shall be deemed as contravening or in
anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses
or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be
governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another
part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The
disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If
the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new
metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

Permit issued to:
this 1st day of April, A.D. 1975.

Downard Funeral Home
Box 1543
Pocatello, Idaho 83201

Janet M. Wick

by Joanne B. Tope Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City,
Town or County of _____ State of Idaho, this _____ day of _____, 19____.

Health Officer

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

*Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes.

RECEIVED

(1949 Revision of Standard Certificate)

JAN 25 1952 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

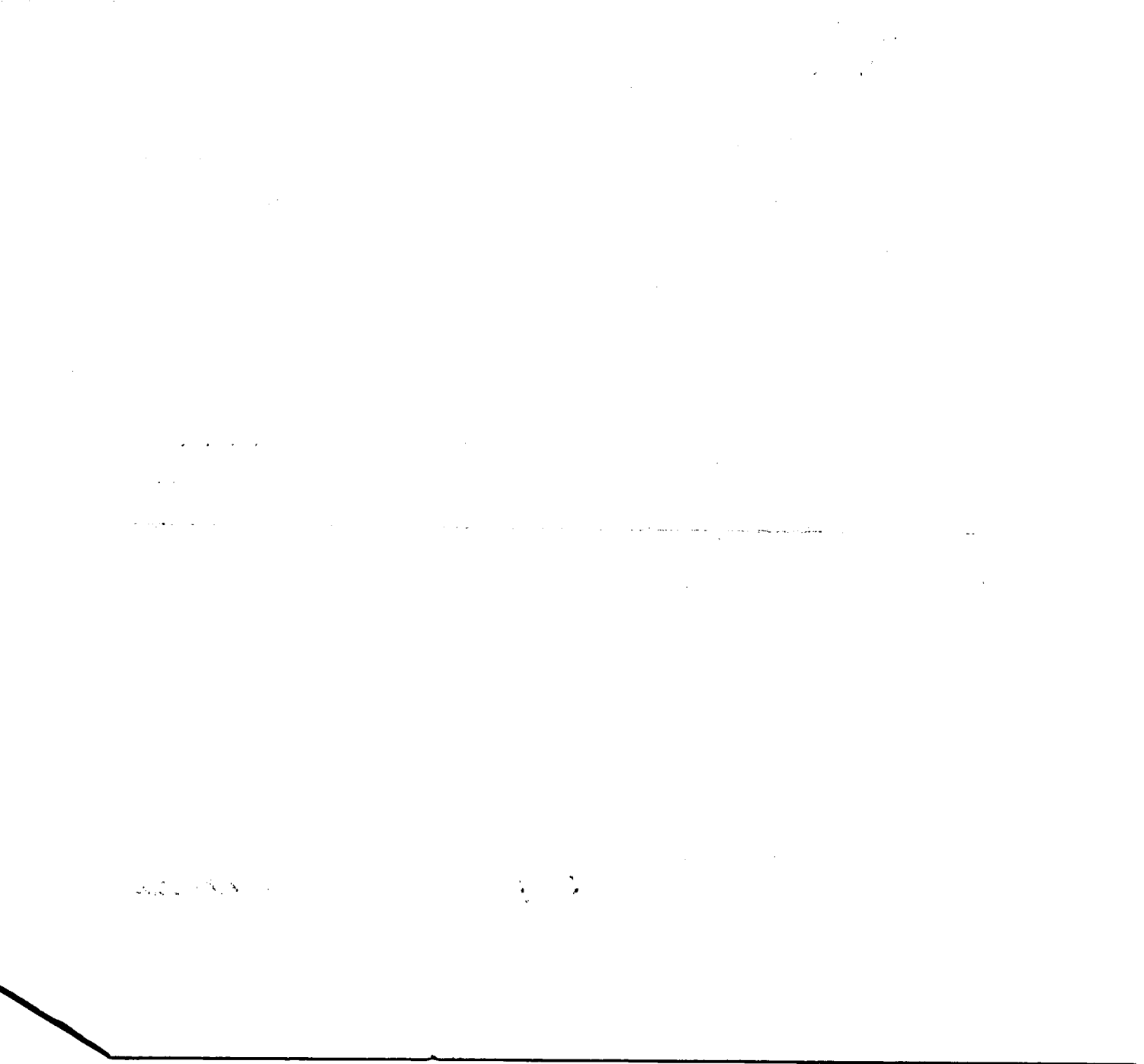
State of Idaho

State File No. 010

Local Reg. No. 29

Reg. Dist. No. 510

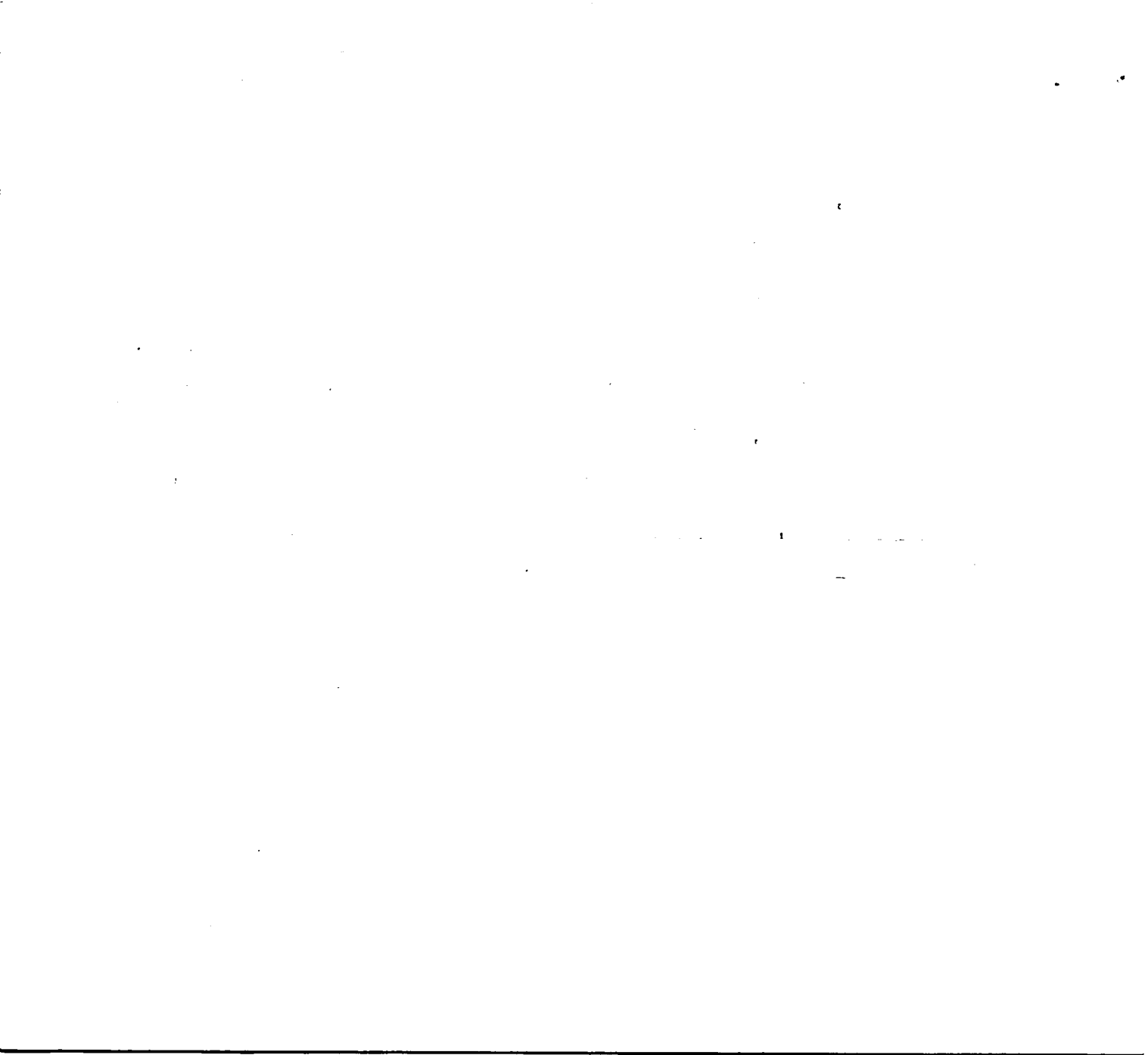
1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 1140 East C arter	
3. CHILD'S NAME (Type or Print) Sid Lee Choules			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 15 52
7. FATHER'S NAME a. (First) LaMar b. (Middle) Clark c. (Last) Choules		8. COLOR OR RACE white	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Preston, Idaho	11a. USUAL OCCUPATION Switchman	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME a. (First) Lenore b. (Middle) c. (Last) McGregor		13. COLOR OR RACE white	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Thatcher, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT LaMar C. Choules father			
18a. LENGTH OF PREG-NANCY 35 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 1/36/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Premature Separation of Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature Separation of Placenta. Outlet Forceps - Ruptured membranes		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:15 p.m.		23. ATTENDANT'S SIGNATURE (Specify if M.D., midwife or other) Joseph B. Hegsted M.D. 23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Jessie Z. Pomeroy 25a. BURIAL, CREMATION, REMOVAL (Specify) 1-21-52 Burial		25b. DATE 1-21-52 25c. NAME OF CEMETERY OR CREMATORY Mt. View 25d. LOCATION (City, town, or county) (State) Pocatello Idaho	
DATE REC'D BY LOCAL REG. JAN 24 1952		26. FUNERAL DIRECTOR Arthur C. Hall, Pocatello	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
FEB 15 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 011
Local Reg. No. 61
Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial		d. STREET ADDRESS (If rural, give location) Route 1 North	
3. CHILD'S NAME (Type or Print) Baby Boy Shuck			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) January 20, 1952
7. FATHER'S NAME a. (First) Daniel b. (Middle) Richard c. (Last) Shuck		8. COLOR OR RACE White	
9. AGE (At time of this birth) 36 YEARS	10. BIRTHPLACE (State or foreign country) Dixon, Illinois	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Hazel b. (Middle) Marie c. (Last) Ward		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Gage, Oklahoma	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Five b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? One	
17. INFORMANT Marjorie Mott - Sister			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES anoxemia 20b. MATERNAL CAUSES Protrusion of cord	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) John R. Mcmahon 23b. DATE SIGNED January 20, 1952 23c. ATTENDANT'S ADDRESS Pocatello, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL Jesse J. Powell TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Jan. 22, 1952	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. Jan. 22, 1952		26. FUNERAL DIRECTOR ADDRESS Pocatello, Idaho	



(1949 Revision of Standard Certificate)

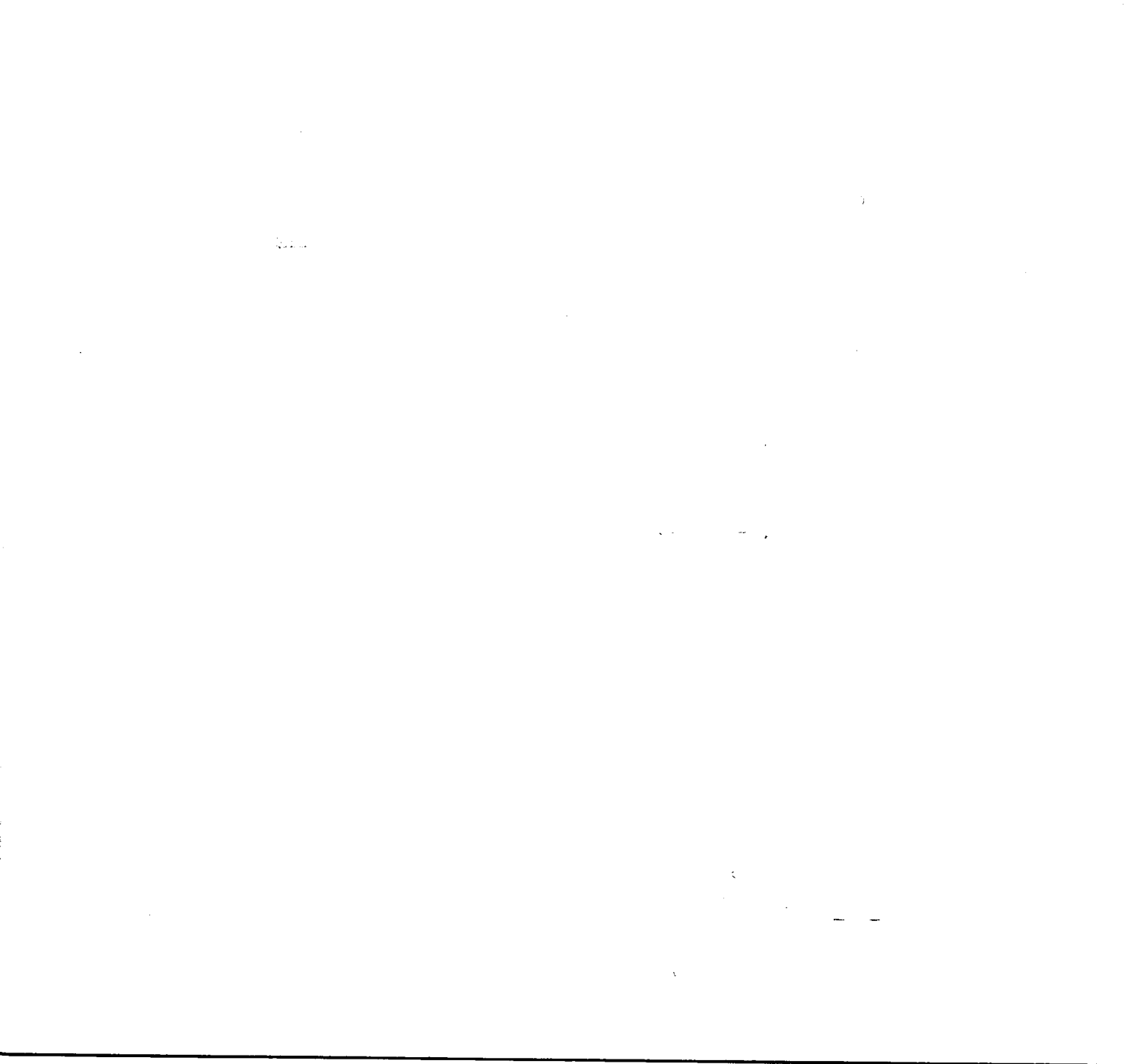
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FEB 8 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 492

Local Reg. No. 49

Reg. Dist. No. 511

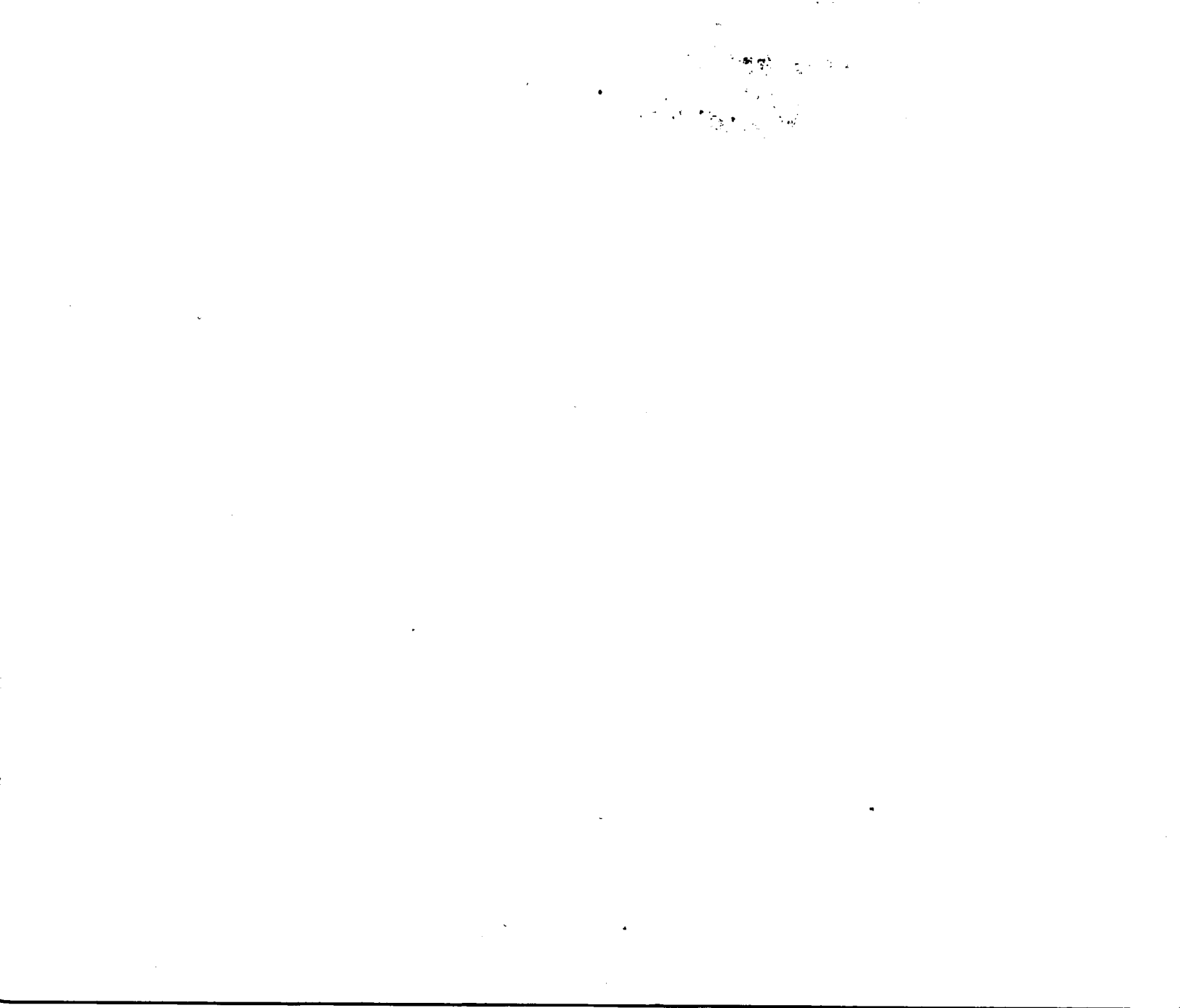
1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Power	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial		d. STREET ADDRESS (If rural, give location) 235 Cleveland	
3. CHILD'S NAME (Type or Print) Baby Boy Ingraham			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 1 21 52
7. FATHER'S NAME a. (First) William b. (Middle) John c. (Last) Ingraham		8. COLOR OR RACE White	
9. AGE (At time of this birth) 49 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Truck Driver	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Mabel b. (Middle) Letha Ione c. (Last) Stacey		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Sligo, Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Five b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>William Ingraham</i>			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 2 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Y 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Premature detachment of placenta with hemorrhage 1 day		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>John R. McMahon</i>	
23b. DATE SIGNED		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Jessie Z. Powell</i>		TITLE American Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 1-21-52	25c. NAME OF CEMETERY OR CREMATORY Fallsview	25d. LOCATION (City, town, or county) (State) American Falls, Idaho
DATE REC'D BY LOCAL REG. 1-31-52	REGISTRAR'S SIGNATURE <i>Jessie Z. Powell</i>	26. FUNERAL DIRECTOR ADDRESS American Falls, Idaho	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

IAN 28 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bingham Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>210 Sexton, Blackfoot</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 15, 1952</u>
7. FATHER'S NAME a. (First) <u>Don</u>		b. (Middle) <u>Leavitt</u>	
c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Moreland, Ida.</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Juanita</u>		b. (Middle) <u>Roberts</u>	
c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Juanita Leavitt</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>39.6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>September 51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Not known</u>		
	20b. MATERNAL CAUSES <u>Not known</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	23a. ATTENDANT'S SIGNATURE <u>Dr. J. L. Bell</u>		23b. DATE SIGNED <u>1-17-52</u>
	23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glenn J. Bell</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremerion</u>	25b. DATE <u>Jan. 16, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Memorial Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Helen E. Patrice</u>	26. FUNERAL DIRECTOR <u>Walter C. Sturgis</u>	



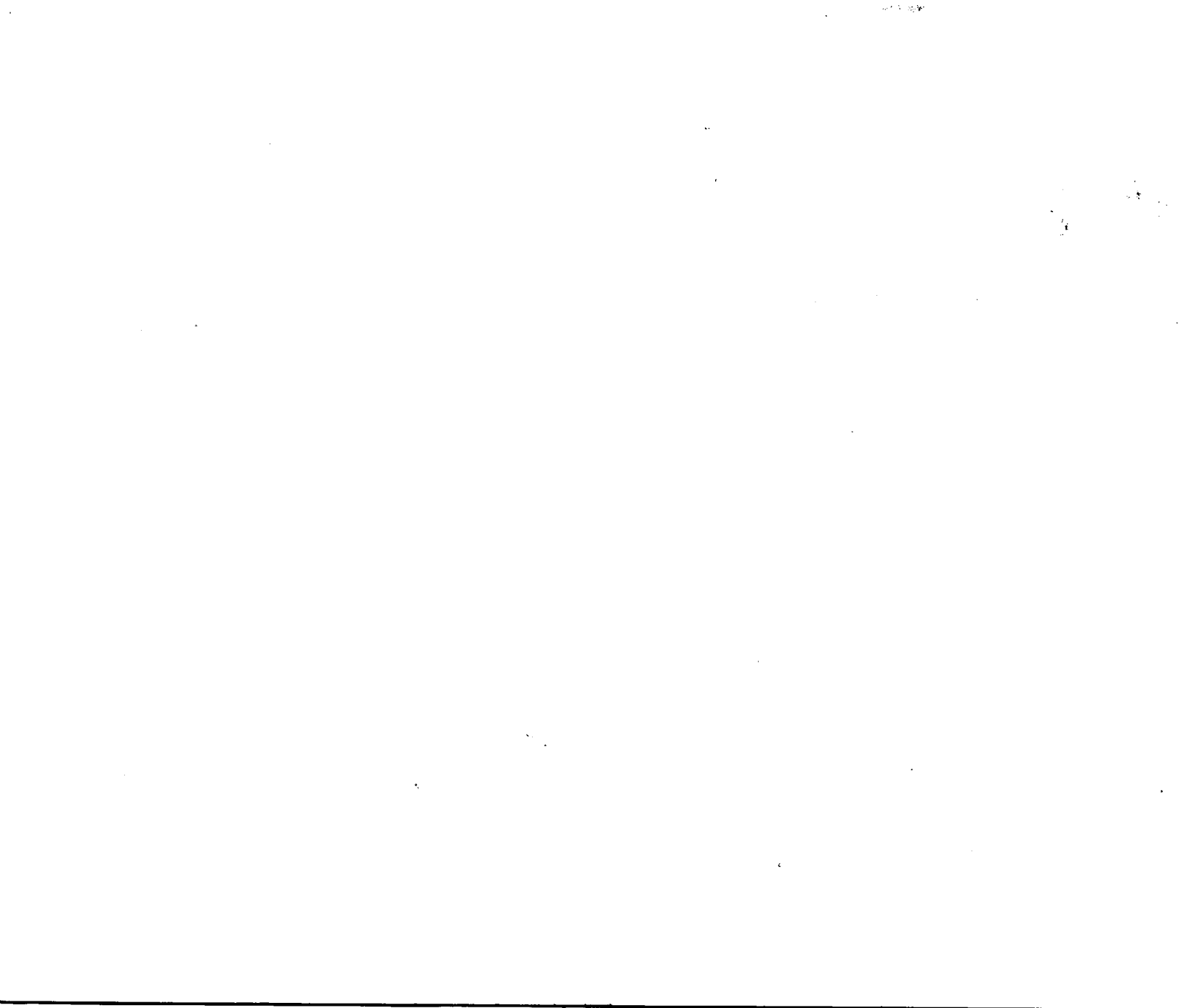
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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 014
Local Reg. No. 9
Reg. Dist. No. G.1

1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u> b. CITY (If outside corporate limits, write OR TOWN) <u>Shelley</u> c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Eaton's Maternity Home</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u> c. CITY (If outside corporate limits, write OR TOWN) <u>Firth Rt. 1</u> d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. CHILD'S NAME (Type or Print) <u>Loanise Lyon</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 11, 1951</u>
7. FATHER'S NAME a. (First) <u>Frank</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Lyon</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Firth, Idaho</u>	11a. USUAL OCCUPATION <u>Businessman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Grain and Feed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Beth</u> b. (Middle) <u>Baird</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shelton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>2</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>2</u>	
17. INFORMANT <u>Frank E. Lyon</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>✓</u> Approximate date <u>2 mos preg</u> <u>Y 36-2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>No</u>		
	20b. MATERNAL CAUSES <u>No</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>No</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>No</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>Shelley, Idaho</u>		23b. DATE SIGNED <u>1-15-51</u>
	23c. ATTENDANT'S ADDRESS <u>Shelley, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 12, 1951</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Basalt</u>	25d. LOCATION (City, town, or county) (State) <u>Basalt, Idaho</u>
DATE REC'D BY LOCAL REG. <u>1-12-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs Helen E. Patton</u>	26. FUNERAL DIRECTOR <u>Lloyd M. Walker</u>	ADDRESS <u>Shelley, Idaho</u>



RECEIVED

(1949 Revision of Standard Certificate)

JAN 25 1952
DIVISION OF
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 015

Local Reg. No. 7

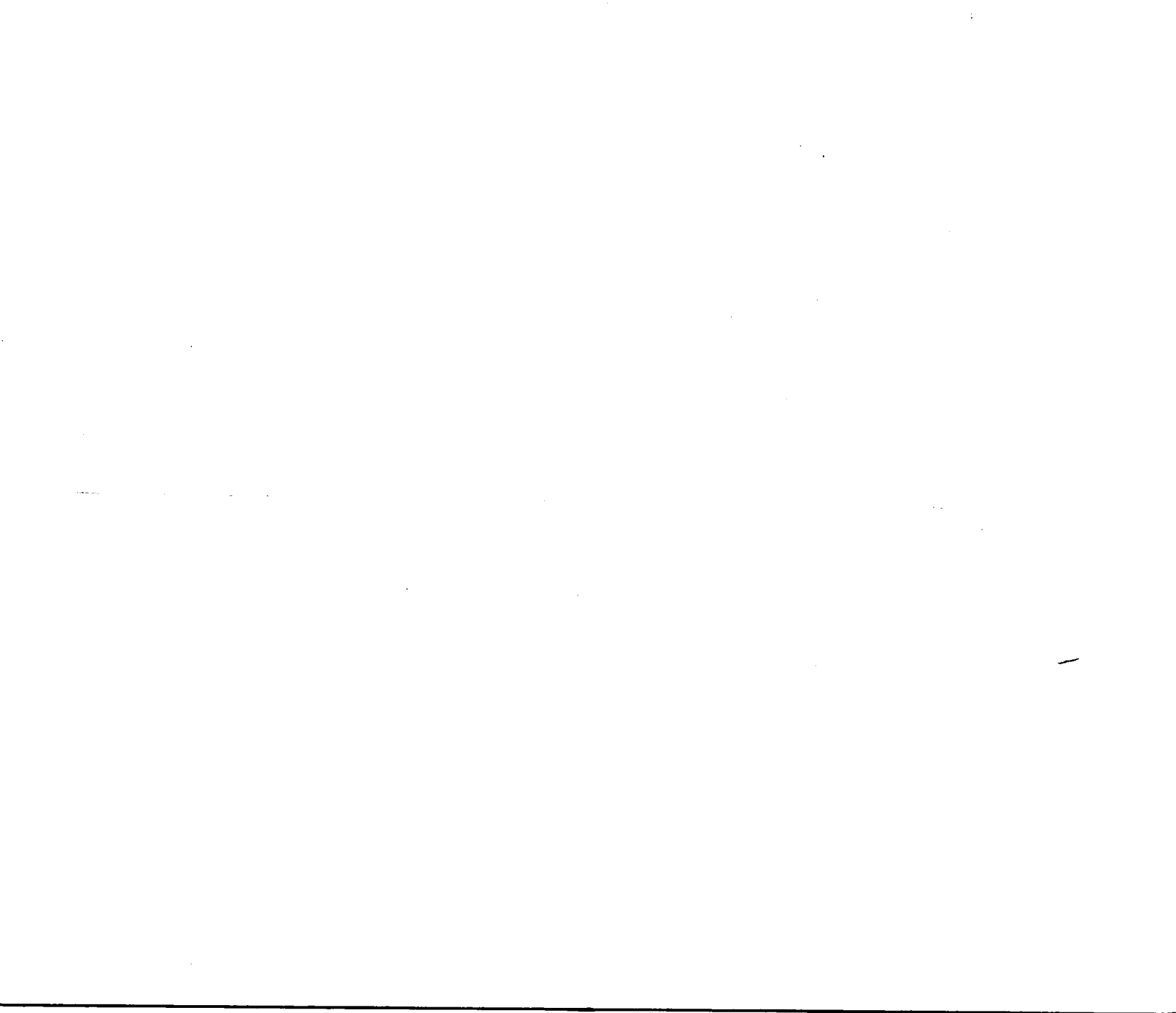
Reg. Dist. No. 960

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Caldwell</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Wilder</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Caldwell Mem. Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>-</i>	
3. CHILD'S NAME (Type or Print) <i>Kay Ann Armstrong</i>			
4. SEX <i>Fe</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Jan 16 52</i>
7. FATHER'S NAME <i>Warren J. Armstrong</i>	a. (First)	b. (Middle)	c. (Last)
8. COLOR OR RACE <i>White</i>			
9. AGE (At time of this birth) <i>31</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Home state</i>	11a. USUAL OCCUPATION <i>Farmer - Cattle</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME <i>Frieda</i>	a. (First)	b. (Middle)	c. (Last)
13. COLOR OR RACE <i>White</i>			
14. AGE (At time of this birth) <i>28</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Hampshire</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>One</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Mother Frieda Armstrong</i>			
18a. LENGTH OF PREGNANCY <i>39</i> WEEKS	18b. WEIGHT AT BIRTH <i>151</i> LBS. <i>8</i> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <i>36.2</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Pre-mature separation placenta</i> 20b. MATERNAL CAUSES <i>unknown</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>		23a. ATTENDANT'S SIGNATURE <i>Frieda M. J.</i>	23b. DATE SIGNED <i>1-17-52</i>
23c. ATTENDANT'S ADDRESS <i>Caldwell, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>A. J. [Signature]</i>	TITLE <i>Registrar</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>Jan. 15-1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Wilder</i>	25d. LOCATION (City, town, or county) (State) <i>Wilder, Idaho</i>
DATE REC'D BY LOCAL REG. <i>1/23/52</i>	REGISTRAR'S SIGNATURE <i>Agnes M. [Signature]</i>	26. FUNERAL DIRECTOR'S ADDRESS <i>W. H. [Signature] Caldwell, Idaho</i>	

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
JAN 23 1952 State of Idaho

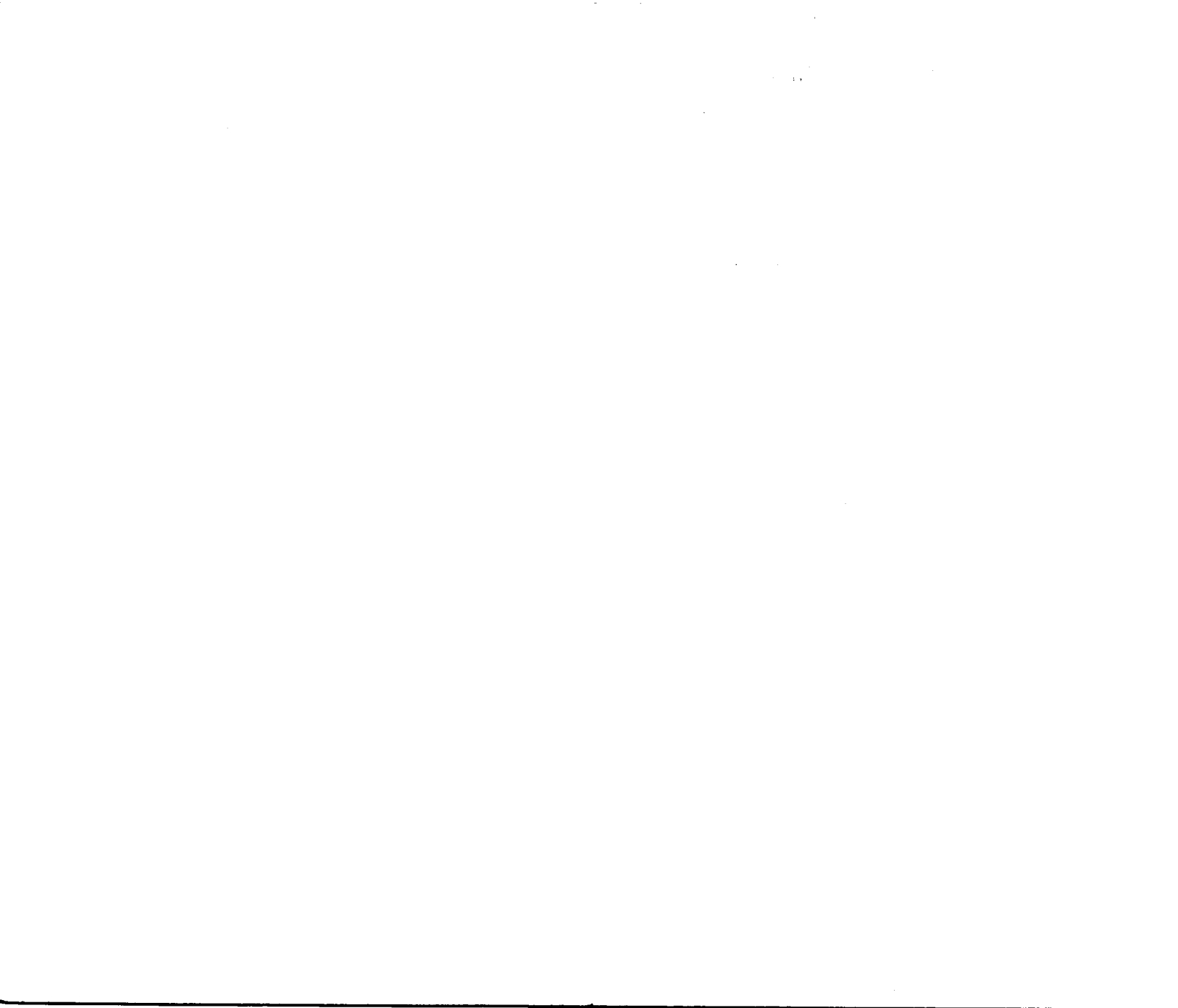
State File No. 016
Local Reg. No. 22
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>CASSIA</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLEY</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>COTTAGE HOSPITAL</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>CALIF.</u> b. COUNTY <u>MERCED</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ATWATER</u> d. STREET ADDRESS (If rural, give location) <u>1329 FIR AVE.</u>	
3. CHILD'S NAME (Type or Print) <u>BABY SKOUSEN</u>			
4. SEX <u>FEMALE</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>JAN. 11, 1952</u>
7. FATHER'S NAME a. (First) <u>SAMUEL</u> b. (Middle) <u>JAMES</u> c. (Last) <u>SKOUSEN</u>		8. COLOR OR RACE <u>WHITE</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>THATCHER, ARIZONA</u>	11a. USUAL OCCUPATION <u>U.S. AIR FORCE</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>AIR FORCE</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>BETH</u> b. (Middle) <u>PAYNE</u> c. (Last) <u>SKOUSEN</u>		13. COLOR OR RACE <u>WHITE</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>HEYBURN, IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Beth Payne Skousen</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS. <u>39.5</u>	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prenatal</u>	
		20b. MATERNAL CAUSES <u>Undetermined</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prenatal</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Dr. J. H. Wilson</u>	23b. DATE SIGNED <u>12 Jan 52</u>
		23c. ATTENDANT'S ADDRESS <u>Burley, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>J. H. Wilson</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	25b. DATE <u>JAN. 11, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>COTTAGE HOSPITAL</u>	25d. LOCATION (City, town, or county) (State) <u>BURLEY, IDAHO</u>
DATE REC'D BY LOCAL REG. <u>Jan. 23 1952</u>	REGISTRAR'S SIGNATURE <u>J. H. Wilson</u>	26. FUNERAL DIRECTOR <u>J. H. Wilson</u>	ADDRESS <u>Burley</u>



CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>712 North Commercial</u>	
3. CHILD'S NAME (Type or Print) <u>Billie Kennedy</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>January 4, 1952</u>
7. FATHER'S NAME a. (First) <u>unknown</u> b. (Middle) <u>unknown</u> c. (Last) <u>unknown</u>			8. COLOR OR RACE <u>white</u>
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Eva</u> b. (Middle) <u>Marie</u> c. (Last) <u>Reinoehl</u>			13. COLOR OR RACE <u>white</u>
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Kingston, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Eva M. Kennedy</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Dec. 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Asphyxia from prolapsed cord</u> 20b. MATERNAL CAUSES <u>y 36.0</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy. Footling extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> 23b. DATE SIGNED <u>7 Jan. 1952</u>	
23c. ATTENDANT'S ADDRESS		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Jan. 7, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan. 7, 1952</u>		26. FUNERAL DIRECTOR <u>Beatty Chapel</u> ADDRESS <u>Emmett, Idaho</u>	



RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <i>Kootenai</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Kootenai</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Spirit Lake</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Spirit Lake, Idaho</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Spirit Lake Apartments</i>		d. STREET ADDRESS (If rural, give location) <i>Spirit Lake, Idaho</i>	
3. CHILD'S NAME (Type or Print) <i>BABY BOY VEDVIG</i>			
4. SEX <i>M.</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>JANUARY 1, 1952</i>
7. FATHER'S NAME a. (First) <i>JAMES</i> b. (Middle) <i>HERMAN</i> c. (Last) <i>VEDVIG</i>		8. COLOR OR RACE <i>W</i>	
9. AGE (At time of this birth) <i>21</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>SPIRIT LAKE, IDAHO</i>	11a. USUAL OCCUPATION <i>LABORER</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>EUNICE</i> b. (Middle) <i>Joy</i> c. (Last) <i>BEITO</i>		13. COLOR OR RACE <i>W</i>	
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>SPIRIT LAKE, IDAHO</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>Two</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>MRS. C. BEITO (GRAND MOTHER)</i>			
18a. LENGTH OF PREGNANCY <i>38</i> WEEKS	18b. WEIGHT AT BIRTH <i>8</i> LBS. <i>1</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>y 39.6</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>None found</i>		
	20b. MATERNAL CAUSES <i>None found</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Lynn C. Oredson M.D.</i>	
23c. ATTENDANT'S ADDRESS <i>Spirit Lake, Idaho</i>		23b. DATE SIGNED <i>1/4/52</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		25b. DATE <i>1-4-52</i>	
25c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>		25d. LOCATION (City, town, or county) (State) <i>Spirit Lake Idaho</i>	
DATE REC'D BY LOCAL REG. <i>1-4-52</i>	REGISTRAR'S SIGNATURE <i>Lorraine K. Brush</i>	26. FUNERAL DIRECTOR ADDRESS <i>624 E. 1st St. Pocatello Idaho</i>	

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JAN 31 1952

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 019
Local Reg. No. 680
Reg. Dist. No. _____

1. PLACE OF STILLBIRTH a. COUNTY <u>Lemhi</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baker</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME
(Type or Print) Baby Girl Whiting

4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 14, 1952</u>
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7. FATHER'S NAME a. (First) <u>Clinton</u> b. (Middle) <u>LaVall</u> c. (Last) <u>Whiting</u>	8. COLOR OR RACE <u>White</u>
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9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Crystal, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) <u>Elizabeth</u> b. (Middle) <u>Sorenson</u> c. (Last) <u>White</u>	13. COLOR OR RACE <u>White</u>
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14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Leslie, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 27 weeks pregnancy)? <u>0</u>
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17. INFORMANT
Clinton L. Whiting

18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH <u>8</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8-5-51</u>
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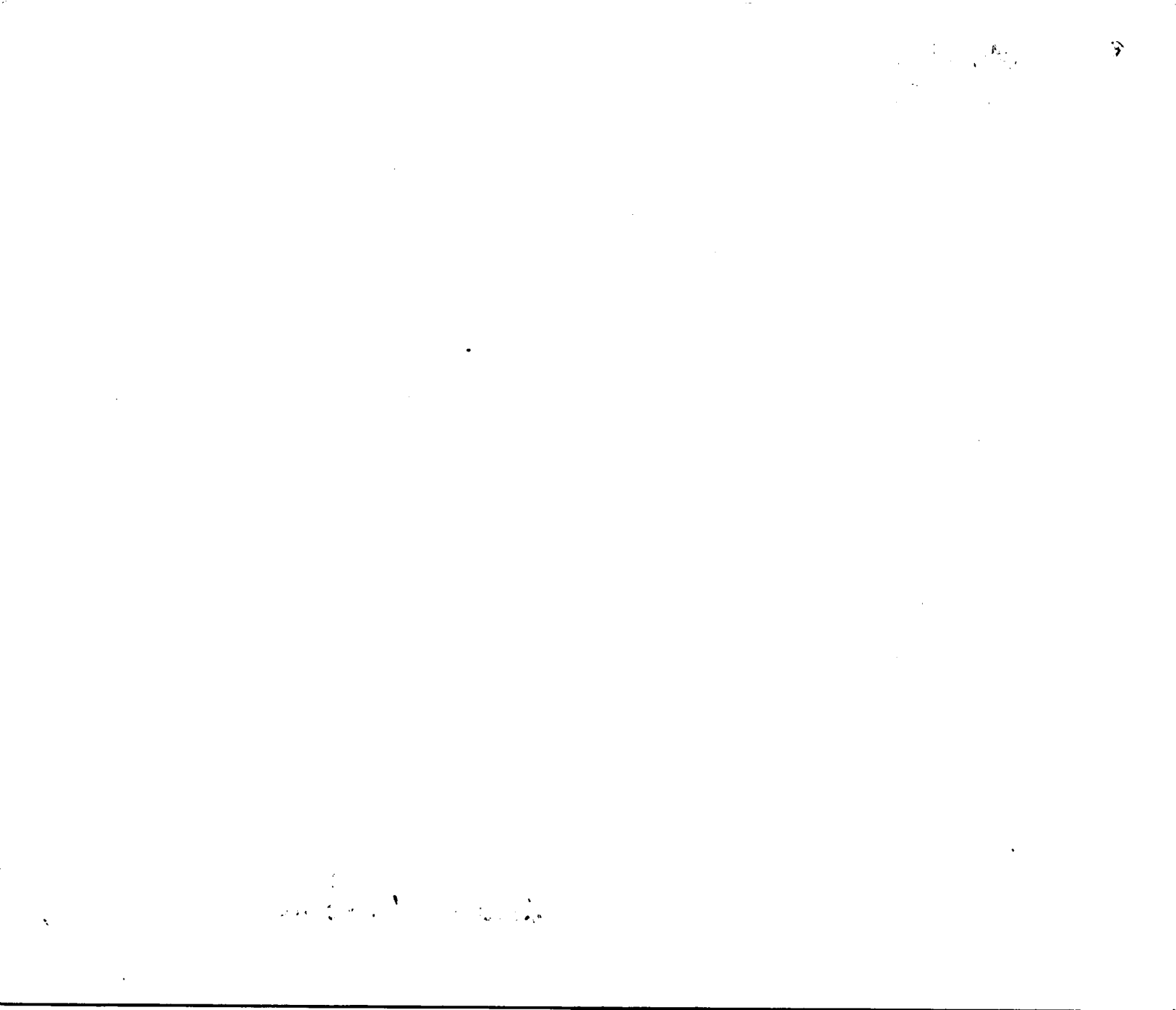
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>ProLapse Cord stopping fetal circulation</u>	20. FETAL CAUSES	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>ProLapse Cord</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>P. m.</u>	23a. ATTENDANT'S SIGNATURE <u>G. J. Mulder M.D.</u>	23b. DATE SIGNED <u>1-21-52</u>
	23c. ATTENDANT'S ADDRESS <u>Salmon Id.</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Albert C. Jones</u>

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>1-17-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon</u>	25d. LOCATION (City, town, or county) (State) <u>Salmon, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>1-28-52</u>	REGISTRAR'S SIGNATURE <u>Viola E. Johnson</u>	26. FUNERAL DIRECTOR <u>Albert C. Jones</u>	ADDRESS <u>Salmon, Idaho</u>
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FEB 11 1952

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 020
Local Reg. No. 3
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY MADISON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REXBURG		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN REXBURG	
c. FULL NAME OF HOSPITAL OR INSTITUTION MADISON MEMORIAL HOSP		d. STREET ADDRESS (If rural, give location) 151 So 1st EAST	
3. CHILD'S NAME (Type or Print) BABY REED			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) JAN. 30 1952
7. FATHER'S NAME a. (First) LYLE b. (Middle) LEE c. (Last) REED		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Lincoln, IDA	11a. USUAL OCCUPATION FARMER-STUDENT	11b. KIND OF BUSINESS OR INDUSTRY Chem. ENGINEER
12. MOTHER'S MAIDEN NAME a. (First) JOAN b. (Middle) — c. (Last) BROWN		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) REXBURG, IDA	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT JOAN BROWN REED			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 8 1/4 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES undetermined (Prematurity)		
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE M. J. R. [Signature] (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS REXBURG, IDAHO	
		23b. DATE SIGNED 2/8/52 24. SIGNATURE OF AUTHORIZED OFFICIAL RUSSELL FLAMM TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/31/52	25c. NAME OF CEMETERY OR CREMATORY REXBURG CEMETERY	25d. LOCATION (City, town, or county) (State) REXBURG, IDAHO
DATE REC'D BY LOCAL REG. 1-31-52	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR ADDRESS RUSSELL FLAMM REXBURG	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 221Local Reg. No. 2Reg. Dist. No. 530

1. PLACE OF STILLBIRTH a. COUNTY <u>Oneida</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malad City</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oneida Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Oneida</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malad City</u> d. STREET ADDRESS (If rural, give location) <u>105 North 100 East</u>	
3. CHILD'S NAME ((Type or Print)) <u>Foglesong</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Jan. 4 1952</u>
7. FATHER'S NAME a. (First) <u>Edwin</u> b. (Middle) <u>Earl</u> c. (Last) <u>Foglesong</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Loretta, Nebraska</u>	11a. USUAL OCCUPATION <u>Cafe Owner</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruby</u> b. (Middle) <u>Lavean</u> c. (Last) <u>Richards</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Malad City, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Ruby Foglesong</u>			
18a. LENGTH OF PREGNANCY <u>? WEEKS</u>	18b. WEIGHT AT BIRTH <u>4 LBS. 10 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>August, 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:15 P</u> m.		23a. ATTENDANT'S SIGNATURE <u>Robert W. Burdoyne M.D.</u>	23b. DATE SIGNED <u>1/6/52</u>
23c. ATTENDANT'S ADDRESS <u>Malad Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Jan 5-1952</u>	25b. DATE <u>Jan 5-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Malad City</u>	25d. LOCATION (City, town, or county) (State) <u>Malad, Oneida, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Jan 6-1952</u>	REGISTRAR'S SIGNATURE <u>J. S. Henry</u>	26. FUNERAL DIRECTOR ADDRESS <u>J. S. Henry Malad, Idaho</u>	

RECEIVED
CERTIFICATE OF STILLBIRTH

JAN 9 1952

State of Idaho

State File No. 222

Local Reg. No. 1

Reg. Dist. No. 500

1. PLACE OF STILLBIRTH DIVISION OF VITAL STATISTICS

a. COUNTY

Power

b. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

American Falls Idaho

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Schiltz Memorial Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bingham

c. CITY (If outside corporate limits, write RURAL and give township)

OR

TOWN

Sterling

d. STREET
ADDRESS

(If rural, give location)

4 1/2 Miles West

3. CHILD'S NAME

((Type or Print))

KENNETH LEE DUFFIN

4. SEX

Male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Jan

4

1952

7. FATHER'S NAME

a. (First)

Sherman

b. (Middle)

CHINT

c. (Last)

DUFFIN

8. COLOR OR RACE

White

9. AGE (At time of this birth)

36

YEARS

10. BIRTHPLACE (State or foreign country)

Provo Utah

11a. USUAL OCCUPATION

Farming

11b. KIND OF BUSINESS OR INDUSTRY

Irrigation

12. MOTHER'S MAIDEN NAME

a. (First)

Leola

b. (Middle)

DELL

c. (Last)

DUFFIN

13. COLOR OR RACE

White

14. AGE (At time of this birth)

39

YEARS

15. BIRTHPLACE (State or foreign country)

Sterling Idaho

17. INFORMANT

Sherman Duffin

Father

18a. LENGTH OF PREGNANCY

30

WEEKS

18b. WEIGHT AT BIRTH

2

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes. No. Approximate date

y 39.6

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

B. G. Harms M.D.

23b. DATE SIGNED

1-8-52

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

Aberdeen Idaho

25a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

25b. DATE

Jan 4-1952

25c. NAME OF CEMETERY OR CREMATORY

Provo Cemetery

25d. LOCATION (City, town, or county)

Provo Idaho

(State)

DATE REC'D BY LOCAL REG.

Jan 5-1952

REGISTRAR'S SIGNATURE

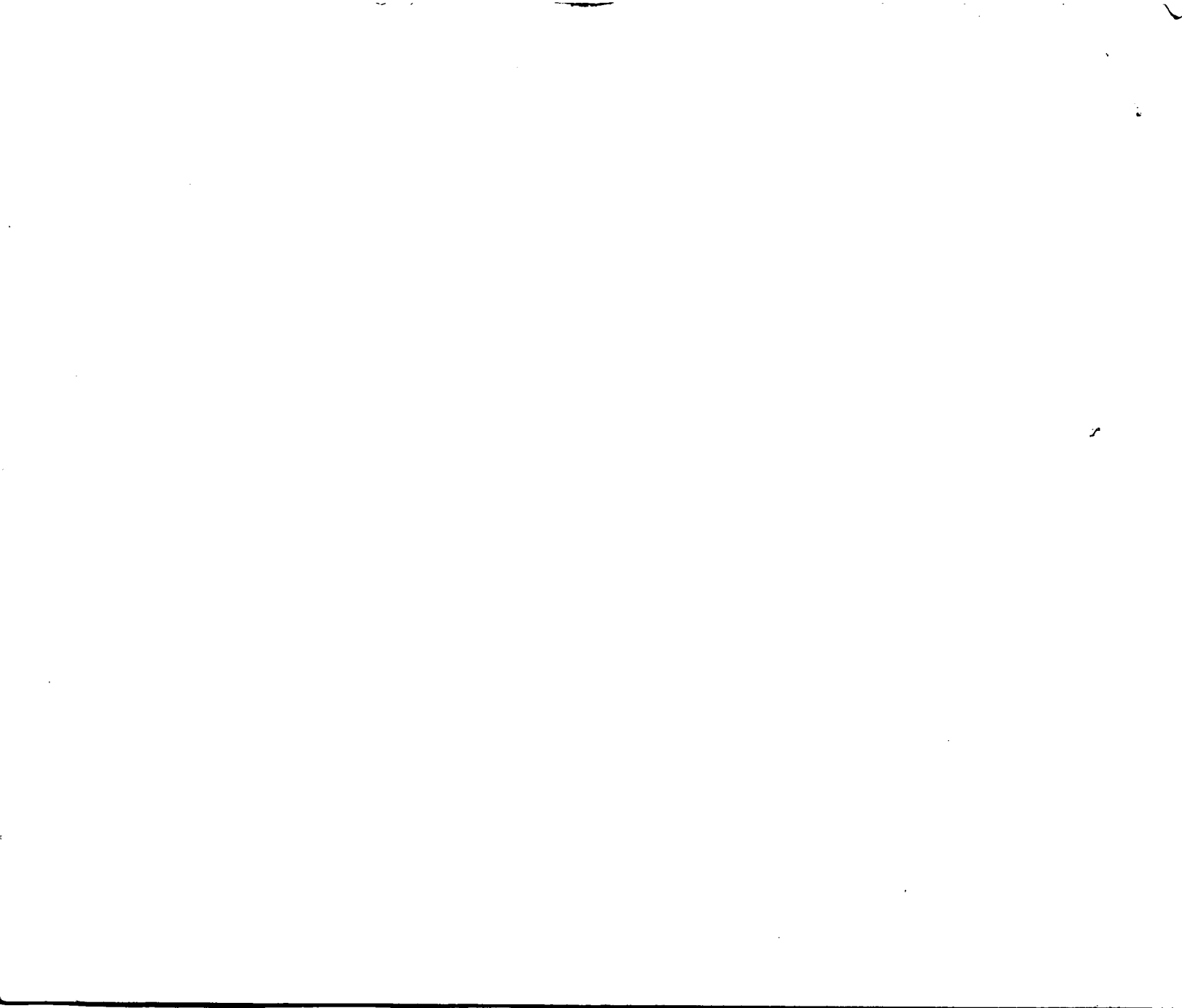
Bene Salvo

26. FUNERAL DIRECTOR

H. H. Davis

ADDRESS

Am. Falls Id.



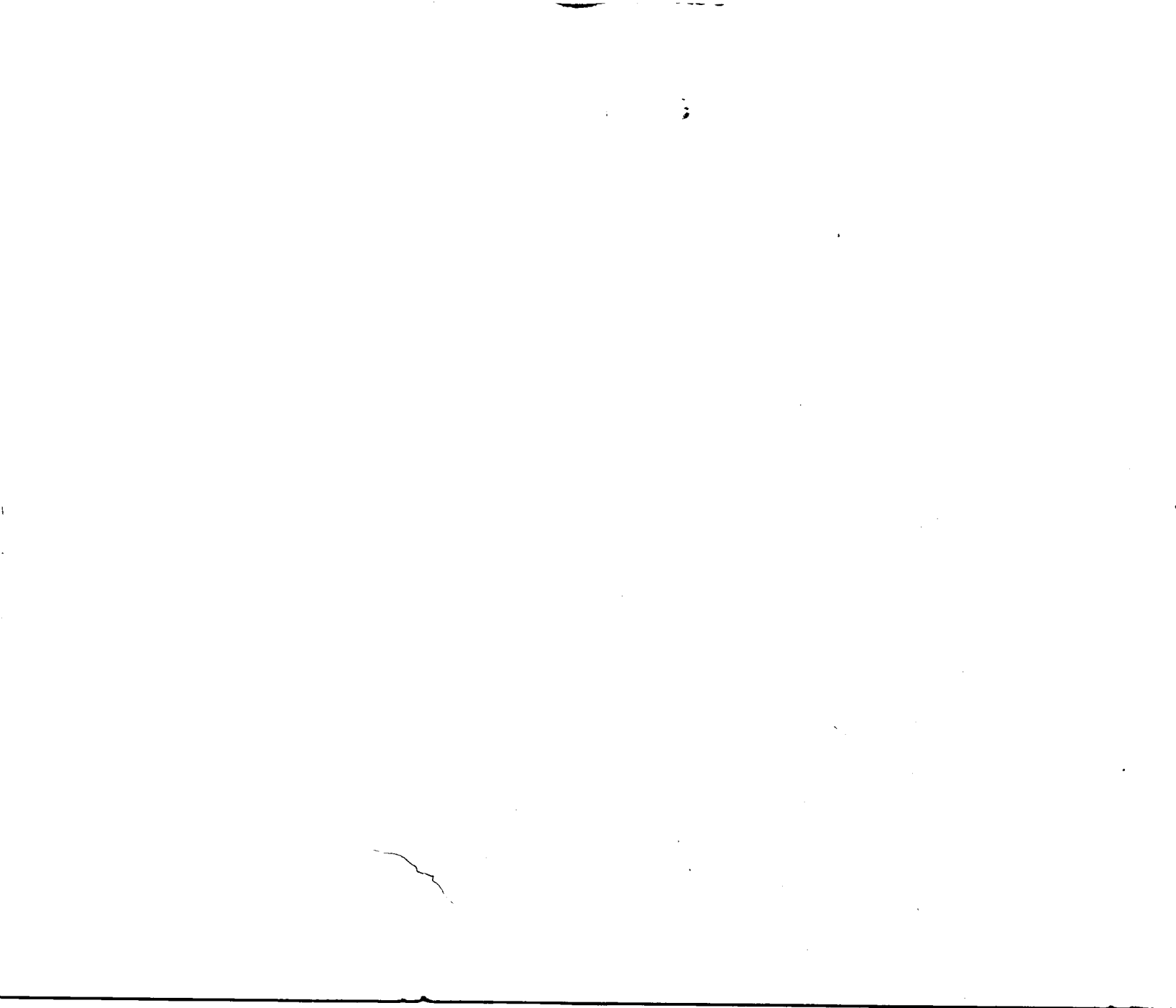
RECEIVED 1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 FEB 28 1952
 State of Idaho

State File No. 003

Local Reg. No. 75

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise.	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) Rt. 8	
3. CHILD'S NAME (Type or Print) David Leroy Elsass			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 21 1952
7. FATHER'S NAME a. (First) Leroy b. (Middle) J. c. (Last) Elsass		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Surveyor	11b. KIND OF BUSINESS OR INDUSTRY U.S. Reclamation
12. MOTHER'S MAIDEN NAME a. (First) Beth b. (Middle) I c. (Last) Clapsaddle		13. COLOR OR RACE White	
14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) So Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? One c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Leroy Elsass Boise Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-9-51 y 36.7	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES None 20b. MATERNAL CAUSES Complete premature separation of placenta			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Art. rupt. memb. forceps.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11 A. m.		23a. ATTENDANT'S SIGNATURE Vern Reynolds (Specify if M. D., midwife, or other) 23b. DATE SIGNED 2-22-52	
23c. ATTENDANT'S ADDRESS Boise		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL J. J. McCann TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb 23, 1952.	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 2-27-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Schreiber-McCann-Gibson. ADDRESS Boise Idaho	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

FEB 29 1952

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) Boise		c. CITY (If outside corporate limits, write RURAL and give township) Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS (If rural, give location) 1506 Dewey	

3. CHILD'S NAME
(Type or Print) **Baby Smith**

4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 22, 1952
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7. FATHER'S NAME a. (First) Joseph b. (Middle) L c. (Last) Smith	8. COLOR OR RACE White
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9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Jensen, Utah	11a. USUAL OCCUPATION Assistant Manager	11b. KIND OF BUSINESS OR INDUSTRY Truck Ins. Pool Transportation Underwriters
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12. MOTHER'S MAIDEN NAME a. (First) Ora b. (Middle) P c. (Last) Harrison	13. COLOR OR RACE White
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14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Salt Lake City, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None
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17. INFORMANT Joseph L. Smith	18a. LENGTH OF PREGNANCY 6mo WEEKS	18b. WEIGHT AT BIRTH LBS. 36 OZS. 2	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 36.2
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20a. FETAL CAUSES None apparent.	20b. MATERNAL CAUSES Premature rupture of membranes, premature labor, partial premature separation of placenta
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY Manual removal of placenta
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23a. ATTENDANT'S SIGNATURE Ernest J. Reynolds	(Specify if M., D., midwife, or other)	23b. DATE SIGNED 2-26-52
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23c. ATTENDANT'S ADDRESS Boise Idaho	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL W. E. Alden	TITLE Boise, Idaho
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 25, 1952	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
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DATE REC'D BY LOCAL REG. 2-27-52	REGISTRAR'S SIGNATURE Thelma Palmer	26. FUNERAL DIRECTOR W. E. Alden	ADDRESS Boise, Idaho
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McBBatney-Alden Chapel

TO THE DIRECTOR

FROM THE DIRECTOR

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CERTIFICATE OF STILLBIRTH

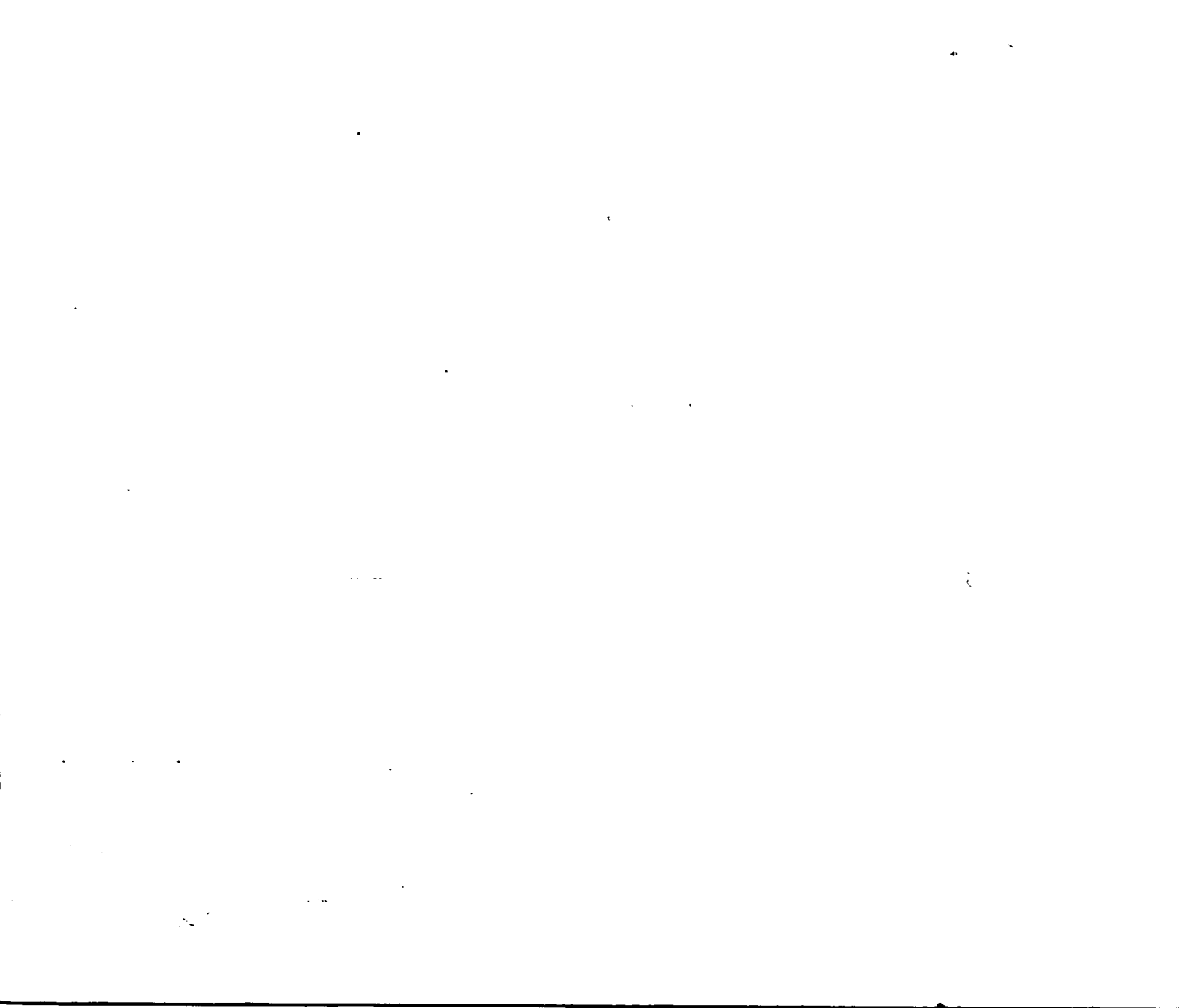
FEB 29 1952 State of Idaho

State File No. 235

Local Reg. No. 1

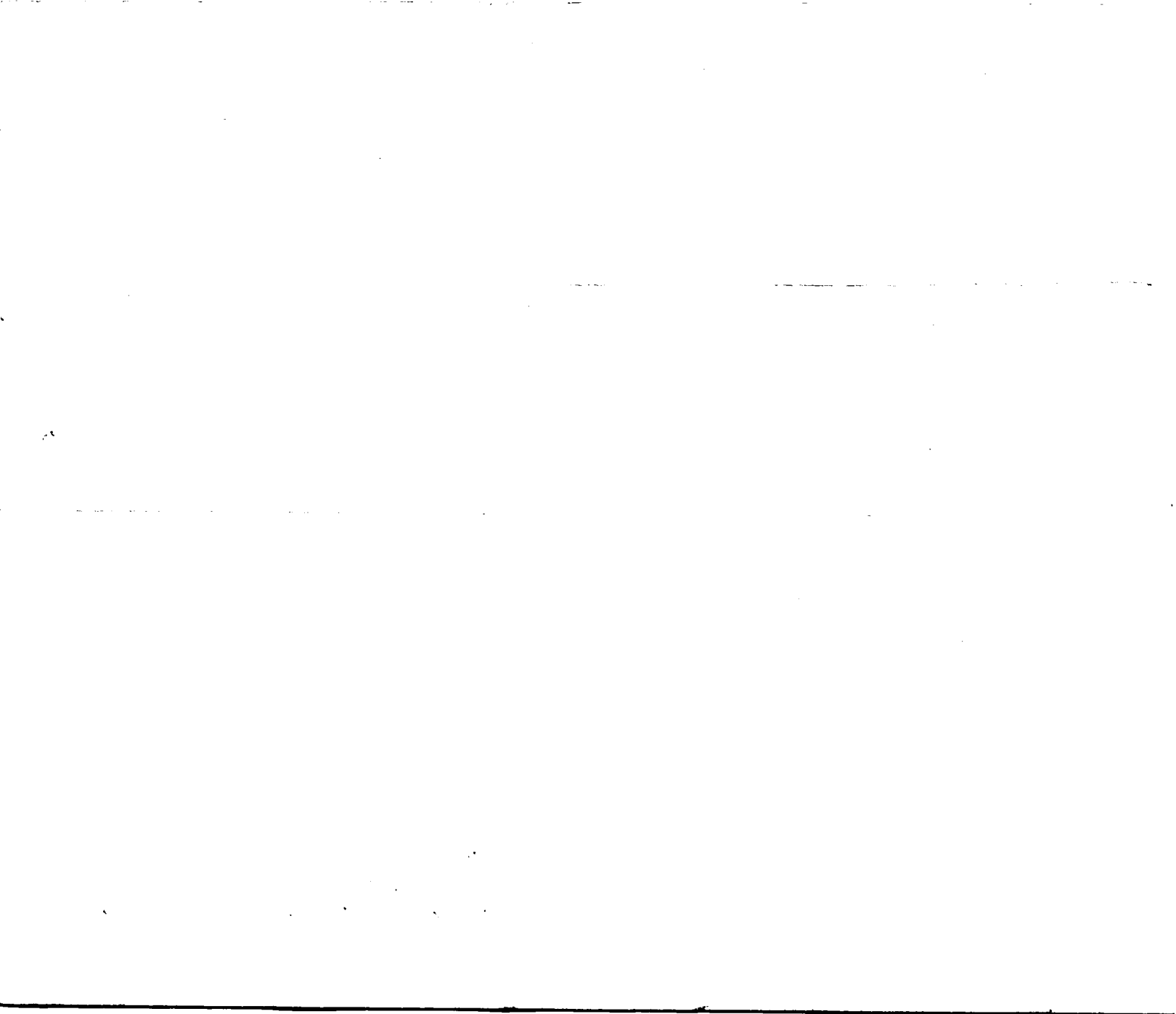
Reg. Dist. No. 110

1. PLACE OF STILLBIRTH a. COUNTY BONNER		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY BONNER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SANDPOINT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SANDPOINT	
c. FULL NAME OF HOSPITAL OR INSTITUTION BONNER GENERAL HOSP.		d. STREET ADDRESS (If rural, give location) 742 LARCH STREET 1217 Walnut	
3. CHILD'S NAME (Type or Print) BABY GIRL ANDERSON			
4. SEX FEMALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) FEB. 8 1952.
7. FATHER'S NAME a. (First) DALE b. (Middle) EDWARD c. (Last) ANDERSON		8. COLOR OR RACE WHITE	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) ARMOUR, S. DAK.	11a. USUAL OCCUPATION MECHANIC	11b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE
12. MOTHER'S MAIDEN NAME a. (First) HELEN b. (Middle) FAMILY c. (Last) NORTON		13. COLOR OR RACE WHITE	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) BUTTE, MONT.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? FOUR b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT HELEN ANDERSON, MOTHER		18a. LENGTH OF PREGNANCY 35 WEEKS	
18b. WEIGHT AT BIRTH 6 LBS. 12 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 11-9-51	
20a. FETAL CAUSES CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Asphyxia secondary to DNE		20b. MATERNAL CAUSES Loop of cord tight around neck of foetus	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Absence of foetal heart tones or movement 24 hrs.		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE William C Hayden MD (Specify if M. D., midwife, or other)	
23b. DATE SIGNED FEB. 18, 1952.		23c. ATTENDANT'S ADDRESS Sandpoint, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL LS Maw		TITLE Registrar	
25a. BURIAL, CREMATION, REMOVAL (Specify) 2-25-52 Burial Pinecrest	25b. DATE Feb. 26 - 1952	25c. NAME OF CEMETERY OR CREMATORY Sandpoint, Idaho	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
26. FUNERAL DIRECTOR Maou Funeral Home		ADDRESS Maou Funeral Home	



RECEIVED
CERTIFICATE OF STILLBIRTH
MAR 13 1952 State of IdahoState File No. 006
Local Reg. No. 22
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L.D.S. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>230 Alpine Drive</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Hayes</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Januray 27, 1952</u>
7. FATHER'S NAME a. (First) <u>Dallas</u> b. (Middle) <u>Gail</u> c. (Last) <u>Hayes</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ririe, Idaho</u>	11a. USUAL OCCUPATION <u>salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>cars & shoes</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Minnie</u> b. (Middle) <u>Dickson</u> c. (Last) <u>Dickson</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ogden, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mrs Dallas Hayes</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June</u> <u>y 38.7</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>maldevelopment - type undetermined</u>		20b. MATERNAL CAUSES <u>Congenital malformation of Placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Dwight M.D.</u>		23b. DATE SIGNED <u>2-2-52</u>
	23b. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John A. Williams</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>1/30/52</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Ida</u>
DATE REC'D BY LOCAL REG. <u>Feb. 4-1952</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR <u>John A. Williams</u>	ADDRESS <u>Idaho Falls</u>



RECEIVED (1945) Revision of Standard Certificate)
1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITALS
State of Idaho

State File No. 697
Local Reg. No. 31
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls,		
c. FULL NAME OF HOSPITAL OR INSTITUTION J. N.S. Hosp			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Baby Machen					
4. SEX F.M.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 3. 1952		
7. FATHER'S NAME a. (First) Wendell b. (Middle) M. c. (Last) Machen		8. COLOR OR RACE White			
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho.		11a. USUAL OCCUPATION Farming		11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Bonnie b. (Middle) Kae c. (Last) Killian		13. COLOR OR RACE White			
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Shelley, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT Wendell M Machen					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y 36.0			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn Cord around neck 20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE M. F. Rigby (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS Reensburg		23b. DATE SIGNED 2/18/52 24. SIGNATURE OF AUTHORIZED OFFICIAL Lloyd M. Walden TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2-4-52	25c. NAME OF CEMETERY OR CREMATORY Hill Crest		25d. LOCATION (City, town, or county) (State) Shelley, Bingham Idaho	
DATE REC'D BY LOCAL REG. Feb. 27-1952	REGISTRAR'S SIGNATURE Dana Bridges		26. FUNERAL DIRECTOR ADDRESS Lloyd M. Walden Shelley Idaho		

(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
MAR 13 1952
State of Idaho
DIVISION OF VITAL STATISTICS

028
State File No.
Local Reg. No. 38
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls	
c. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital		d. STREET ADDRESS (If rural, give location) 1241 Canyon Ave.	
3. CHILD'S NAME (Type or Print) Baby Girl Andrews			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 11, 1952
7. FATHER'S NAME a. (First) Eugene b. (Middle) W. c. (Last) Andrews		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Well Driller	11b. KIND OF BUSINESS OR INDUSTRY Drilling Wells
12. MOTHER'S MAIDEN NAME a. (First) Mable b. (Middle) c. (Last) Kershaw		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Gene H. Andrews</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cord around baby's neck - also prematurity 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12 noon		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Joseph M. Hatch M.D.</i> 23b. DATE SIGNED 12 Feb 52	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb 12, 1952	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. March 3-52	REGISTRAR'S SIGNATURE <i>Anna Budger</i>	25. FUNERAL DIRECTOR <i>Ralph M. Wood</i> ADDRESS Idaho Falls, Idaho	

CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 100Local Reg. No. 20Reg. Dist. No. 960

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilder</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R# 1</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Ward</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 26, 1952</u>
7. FATHER'S NAME a. (First) <u>Earl</u> b. (Middle) <u>Le Roy</u> c. (Last) <u>Ward</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Sargent Nebraska</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Genevieve</u> b. (Middle) <u>Addaline</u> c. (Last) <u>Sampson</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>24 25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Weisert Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Genevieve Ward</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>9</u> LBS. <u>2 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug, '51</u> <u>y 39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Elizabeth L. Thompson</u> 23b. DATE SIGNED <u>2/26/52</u>	
23c. ATTENDANT'S ADDRESS <u>Caldwell, Ida</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb 27-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3/6/52</u>	REGISTRAR'S SIGNATURE <u>Agnes Malenman</u>	26. FUNERAL DIRECTOR <u>Peckham</u> Peckham-Dakan Chapel Caldwell, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)
MAR 13 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.
Local Reg. No. 2
Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Merley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Richard Edward Budell</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>2-8-1952</u>
7. FATHER'S NAME a. (First) <u>Adolph</u> b. (Middle) <u>Richard</u> c. (Last) <u>Budell</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa Idaho</u>	11a. USUAL OCCUPATION <u>Dairy Employer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ethel</u> b. (Middle) <u>Mare</u> c. (Last) <u>Grant</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lebanon Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Adolph Budell</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>Y 362</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Retroplacental Hemorrhage</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia of 3rd Trimester</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Jo Saltzer M.D.</u> 23b. DATE SIGNED <u>2/18/52</u> 23c. ATTENDANT'S ADDRESS <u>Nampa</u> If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/9/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa Idaho</u>
DATE REC'D BY LOCAL REG. <u>March 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs. Jane Paul George N. Baker</u> 26. FUNERAL DIRECTOR <u>Nampa Idaho</u>	

RECORDED
DIVISION OF VITAL STATISTICS
MAR 3 1952
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 031

Local Reg. No.

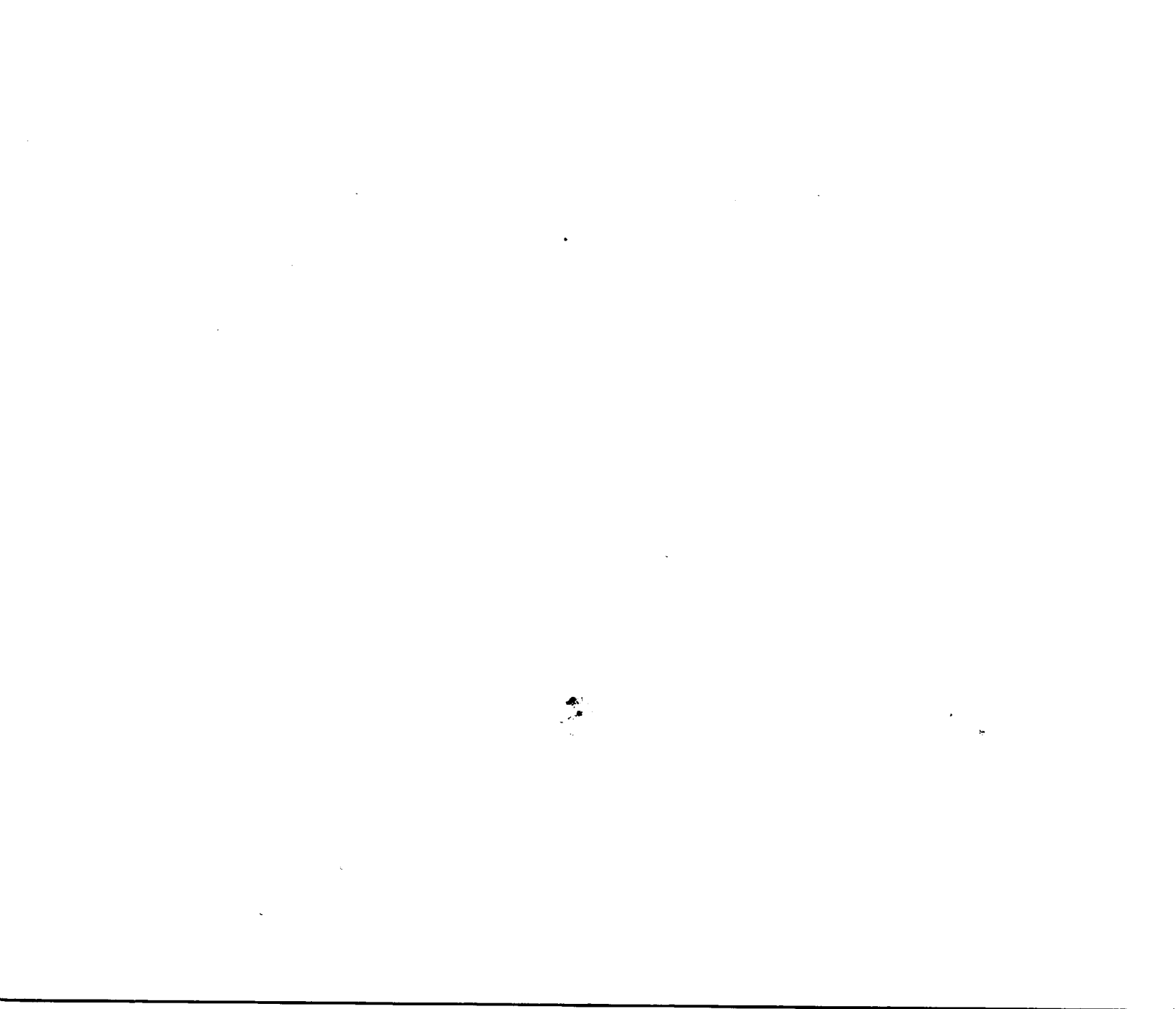
Reg. Dist. No.

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Elmore	a. STATE	Idaho
b. CITY OR TOWN	King Hill	b. COUNTY	Elmore
c. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN	
		Glenn Ferry	
		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME			
((Type or Print)) Wilbur STOPKA			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	(Month) (Day) (Year) Feb 26 1952
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Frank b. (Middle) Jerry c. (Last) Stopka		White	
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
50 YEARS	Monroe, Wisc.	Welder	
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Ella b. (Middle) Mae c. (Last) Wright		White	
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
35 YEARS	Teton, Idaho	a. How many children are now living? 4 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT			
Ella Mae Stopka			
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No.....	
40 WEEKS	7 LBS. 0 OZS.	Approximate date Jan 16, 1952 y 39.6	
CAUSE OF STILLBIRTH		20a. FETAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		Unknown	
		20b. MATERNAL CAUSES	
		Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
None		None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 P.M.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other)	
		Ward A. Puchin M.D.	
23b. DATE SIGNED		24. SIGNATURE OF AUTHORIZED OFFICIAL	
Feb 27, 1952		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
Burial		Feb 28-1952	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county)	
Glenn Rest		Glenn's Ferry, Ida	
26. FUNERAL DIRECTOR		ADDRESS	
Rev. Bruce M. McLeod			

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

032
State File No.
Local Reg. No. 14
Reg. Dist. No. 650

1. PLACE OF STILLBIRTH a. COUNTY Fremont		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony General Hosp.		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY GIRL HATHAWAY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb., 25, 1952
7. FATHER'S NAME a. (First) Elmo b. (Middle) R Hathaway c. (Last)		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Menan, Idaho	11a. USUAL OCCUPATION Ass't Cashier	11b. KIND OF BUSINESS OR INDUSTRY 1st Security Bank
12. MOTHER'S MAIDEN NAME a. (First) Iris b. (Middle) c. (Last) Howard		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Chester, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Elmo R. Hathaway St. Anthony, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. X No. Approximate date y31.4	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Mumps	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Mumps		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:45 P. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) J. D. Brinton, M.D. 23b. DATE SIGNED 28 Feb 52	
23b. ATTENDANT'S ADDRESS St Anthony Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2-27-52	25c. NAME OF CEMETERY OR CREMATORY Wilford, Idaho	25d. LOCATION (City, town, or county) (State) St. Anthony, RFD #1, Idaho
DATE REC'D BY LOCAL REG. Feb 28 - 52	REGISTRAR'S SIGNATURE M. S. Hansen	26. FUNERAL DIRECTOR ADDRESS M. S. Hansen St. Anthony, Idaho	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITALS State of Idaho

State File No. 623
Local Reg. No. 31
Reg. Dist. No. 242

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cottonwood</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Our Lady of Consol. Hosp.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lewis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winchester</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>"Unnamed" Baby Girl Smith</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3</u> <u>4</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Guy</u> b. (Middle) <u>Raymond</u> c. (Last) <u>Smith</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>55</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Appleton, Minnesota</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Merriel</u> b. (Middle) <u>De Loris</u> c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>4</u>	
17. INFORMANT <u>Mrs. Merriel Smith, mother</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y 39.4</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>unknown. Had been dead for 4 weeks. Mummified.</u> 20b. MATERNAL CAUSES <u>unknown - 5th still born - Run - way.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarian</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:00 A.M.</u>	23a. ATTENDANT'S SIGNATURE <u>Wesley D. Orr, M.D.</u>		23b. DATE SIGNED <u>Feb. 4, 1952</u>
	23c. ATTENDANT'S ADDRESS <u>Cottonwood, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W.D. Orr, M.D.</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 4, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) <u>Cottonwood, Idaho</u>
DATE REC'D BY LOCAL REG. <u>March 3, 1952</u>	REGISTRAR'S SIGNATURE <u>Wesley D. Orr, M.D.</u>	26. FUNERAL DIRECTOR ADDRESS <u>W.D. Orr, M.D.</u>	

CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kooskia</u> c. FULL NAME OF HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Idaho</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kooskia</u> d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Sandra Kay Jones</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 26 1952</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Alonzo</u> c. (Last) <u>Jones</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Port Orchard Wash.</u>	11a. USUAL OCCUPATION <u>Woods worker</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>logging</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dorothy</u> b. (Middle) <u>Jean</u> c. (Last) <u>Williams</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Asotin Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>William H Jones</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>December 1951</u> <u>Y39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>This child was born unattended by physician</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:45 A. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Claude Henry local registrar</u>	
23b. DATE SIGNED <u>Feb. 27, 1952</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Claude Henry local registrar</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Claude Henry local registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Feb. 27 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Pine Grove Cem.</u>	25d. LOCATION (City, town, or county) (State) <u>Kooskia Idaho</u>
DATE REC'D BY LOCAL REG. <u>Feb. 27, 1952</u>	REGISTRAR'S SIGNATURE <u>Claude Henry</u>	26. FUNERAL DIRECTOR <u>Claude Henry</u>	ADDRESS <u>Kooskia, Idaho</u>

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 9-25
Local Reg. No. 9
Reg. Dist. No. 440

1. PLACE OF STILLBIRTH a. COUNTY <u>Jefferson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rigby</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hendricks Maternity Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rigby</u> d. STREET ADDRESS (If rural, give location) <u>126 Idaho Ave.</u>	
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3. CHILD'S NAME (Type or Print) <u>BABY MORGAN</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 8, 1952</u>

7. FATHER'S NAME a. (First) <u>Blaine</u> b. (Middle) <u>Victor</u> c. (Last) <u>Morgan</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Utah</u>	11a. USUAL OCCUPATION <u>Printer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>

12. MOTHER'S MAIDEN NAME a. (First) <u>Bettie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Nasman</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	

17. INFORMANT <u>Blaine V. Morgan</u>		18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>10-2-51</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prolapsed of umbilical cord.</u>
	20b. MATERNAL CAUSES <u>Marginal Placenta Previa</u>

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Marginal Placenta Previa.</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Raw. Sims Forceps.</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Usack Hall</u>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>Feb. 10, 1952</u>
	23c. ATTENDANT'S ADDRESS <u>Rigby, Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2/9/1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rexburg City Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg Madison Idaho</u>
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DATE REC'D BY LOCAL REG. <u>2-16-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. B. C. Russell</u>	26. FUNERAL DIRECTOR <u>Bruce A. Estwell</u>	ADDRESS <u>Rigby, Idaho</u>
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CERTIFICATE OF STILLBIRTH
FEB 23 1952 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) Rigby		c. CITY (If outside corporate limits, write RURAL and give township) (Rural) Lorenzo	
c. FULL NAME OF (If not in hospital or institution, give street address or location) Hendricks Maternity Hospital		d. STREET ADDRESS (If rural, give location) Rte #1	

3. CHILD'S NAME ((Type or Print)) Baby Radford			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) February 29, 1952

7. FATHER'S NAME a. (First) Merle b. (Middle) Ray c. (Last) Radford		8. COLOR OR RACE white	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farmin'	11b. KIND OF BUSINESS OR INDUSTRY Farmin'

12. MOTHER'S MAIDEN NAME a. (First) Maurine b. (Middle) Hall c. (Last) Hall		13. COLOR OR RACE white	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	

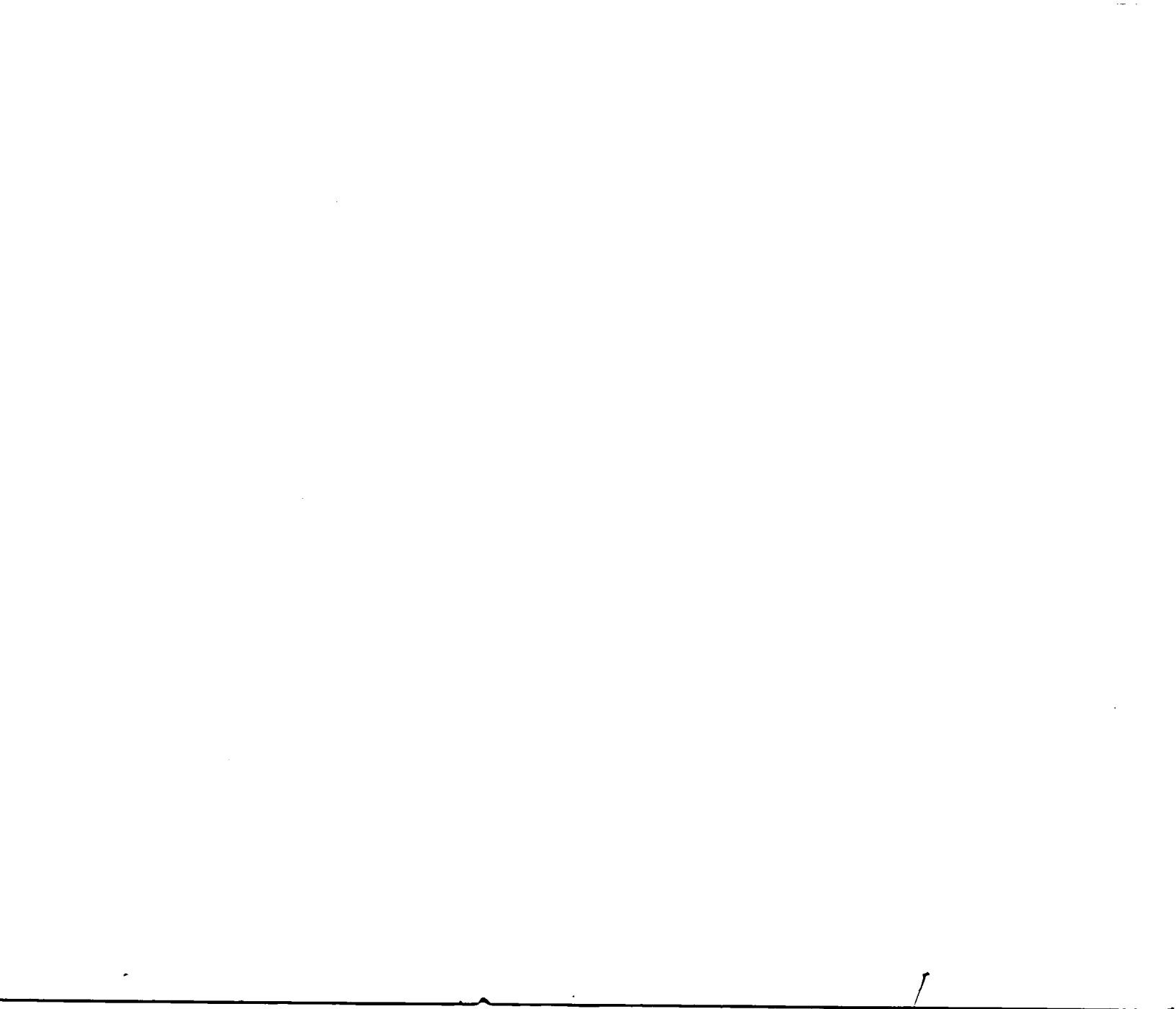
17. INFORMANT Merle Radford		18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 9-4-51
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			

20b. MATERNAL CAUSES R.H. negative Blood (maternal)			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Edema + albuminuria		22. STATE ALL OPERATIONS FOR DELIVERY none	

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Israel Hall	(Specify if M., D., midwife, or other) M. D.	23b. DATE SIGNED Feb. 23, 1952
	23c. ATTENDANT'S ADDRESS Rigby, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Bruce A. Eckersell

25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 2/20/1952	25c. NAME OF CEMETERY OR CREMATORY Eckersell	25d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
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DATE REC'D BY LOCAL REG. 2-25-52	REGISTRAR'S SIGNATURE Mrs. A. B. Eckersell	26. FUNERAL DIRECTOR Bruce A. Eckersell	ADDRESS Rigby Idaho
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Dr. D. Moseley

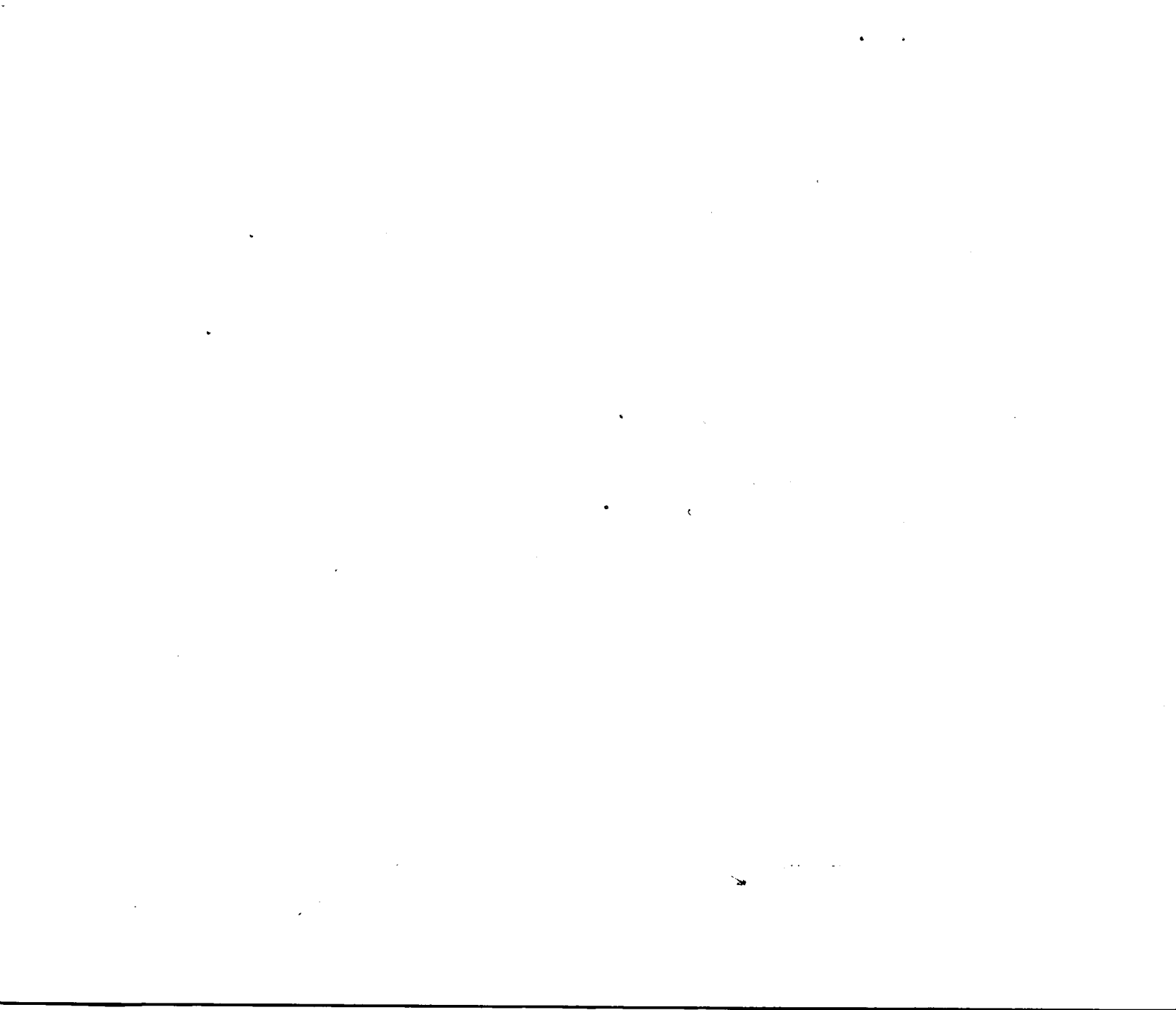
RECEIVED

MAR 8 1952

DIVISION OF VITAL

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of IdahoState File No. 037
Local Reg. No. 0
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City General Hospital		d. STREET ADDRESS (If rural, give location) 2301-Fourth St.	
3. CHILD'S NAME (Type or Print) Infant Girl Ball			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb. 27, 1952
7. FATHER'S NAME Howard		a. (First) b. (Middle) c. (Last) Ball	8. COLOR OR RACE White
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Toponish, wash.	11a. USUAL OCCUPATION Saw Mill Worker	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Loise		a. (First) b. (Middle) c. (Last) Fine	13. COLOR OR RACE White
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Clarkston, wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Four b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT x Howard Ball			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Dec '51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES no apparent cause - EDC March 25 '52	
		20b. MATERNAL CAUSES no apparent cause	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dr. D. Moseley M.D.	
		23b. DATE SIGNED 2-28-52	
23c. ATTENDANT'S ADDRESS Coeur d' Alene, Idaho		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL Don English	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 2-28-52	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho
DATE REC'D BY LOCAL REG. 2-28-52	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR ADDRESS Don English Coeur d' Alene Idaho	



RECEIVED
CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>District of Columbia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSCOW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSCOW</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>704 West A. St.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Miller</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb 10 1952</u>
7. FATHER'S NAME a. (First) <u>Keith</u>		b. (Middle) _____ c. (Last) <u>Miller</u>	
8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>St. Anthony, Idaho</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Shop</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marion</u>		b. (Middle) _____ c. (Last) <u>Johnson</u>	
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Troy, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. George Miller</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date _____	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placenta separation very early in labor.</u>	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:30 A. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. J. Klaar</u>	
23b. DATE SIGNED <u>2/18/52</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2-11-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>2/18/53</u>	REGISTRAR'S SIGNATURE <u>L. E. Angel</u>	26. FUNERAL DIRECTOR <u>H. R. Sant</u>	ADDRESS <u>Moscow, Idaho</u>

STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 039

Local Reg. No. 10

Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSCOW</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOSCOW</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gritman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1349 Walenta Drive</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Gurevitch</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb 20 1952</u>
7. FATHER'S NAME a. (First) <u>Mark</u> b. (Middle) c. (Last) <u>Gurevitch</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ohio</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>University</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ruth</u> b. (Middle) c. (Last) <u>Zipin</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>California</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mark Gurevitch</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/27/51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>The umbilical cord encircled the baby's neck twice and was shorter than usual and caused strangulation of the baby about</u> 20b. MATERNAL CAUSES <u>two days before delivery.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:20 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>E. J. Klaarman M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Moscow, Idaho</u>		23b. DATE SIGNED <u>2-22-52</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. R. Saut</u>		TITLE <u>REGISTRAR</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>2-20-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>2/26/52</u>	REGISTRAR'S SIGNATURE <u>Leid E. Angel</u>	26. FUNERAL DIRECTOR <u>W. R. Saut</u> ADDRESS <u>Moscow, Idaho</u>	

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
MAR 24 1952

DIVISION OF VITAL
STATISTICS

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kendrick</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kendrick</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Davidson Nursing Home</u>			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME ((Type or Print)) <u>Infant Burns</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 11, 1952</u>		
7. FATHER'S NAME a. (First) <u>George</u>		b. (Middle) <u>Richard</u>		c. (Last) <u>Burns</u>	
8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Garden City, Mo.</u>	11a. USUAL OCCUPATION <u>Well driller</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Bobbiejo</u>		b. (Middle) <u>Estelle</u>		c. (Last) <u>Kirkham</u>	
13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Los Angeles, Calif.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>Mrs. G. R. Burns</u> <u>Mother</u>					
18a. LENGTH OF PREGNANCY <u>39</u> WEEKS	18b. WEIGHT AT BIRTH <u>not weighed</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No..... Approximate date <u>August, 1951</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>			
		20b. MATERNAL CAUSES <u>Unknown</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Mild toxemia last three weeks, dead one month.</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:00 a.</u> m.		23a. ATTENDANT'S SIGNATURE <u>D. Christensen M.D.</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>Mar 14, 1952</u>	
23c. ATTENDANT'S ADDRESS <u>Kendrick, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	25b. DATE <u>2/11/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>none</u>		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>3/17/52</u>		REGISTRAR'S SIGNATURE <u>Louis E. Angel</u>		26. FUNERAL DIRECTOR ADDRESS <u>none</u>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 641
Local Reg. No. 690
Reg. Dist. No.

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Lemhi	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Salmon	b. COUNTY	Lemhi
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
Steele Memorial Hosp.		Carmen	
		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print)			
Baby Girl McFarland			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Female	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	Feb. 28, 1952

7. FATHER'S NAME		8. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	
Archibald	Mitchell	McFarland	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
43 YEARS	Idaho	farmer	

12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	
White	Jane	Raburn	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
22 YEARS	Kansas	a. How many children are now living?	b. How many children were born alive but are now dead?
		2	0

17. INFORMANT		18. LENGTH OF PREGNANCY	
Archie McFarland		25 WEEKS	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		20. WEIGHT AT BIRTH	
Approximate date Jan 9, 1952		4 LBS. 4 OZS.	

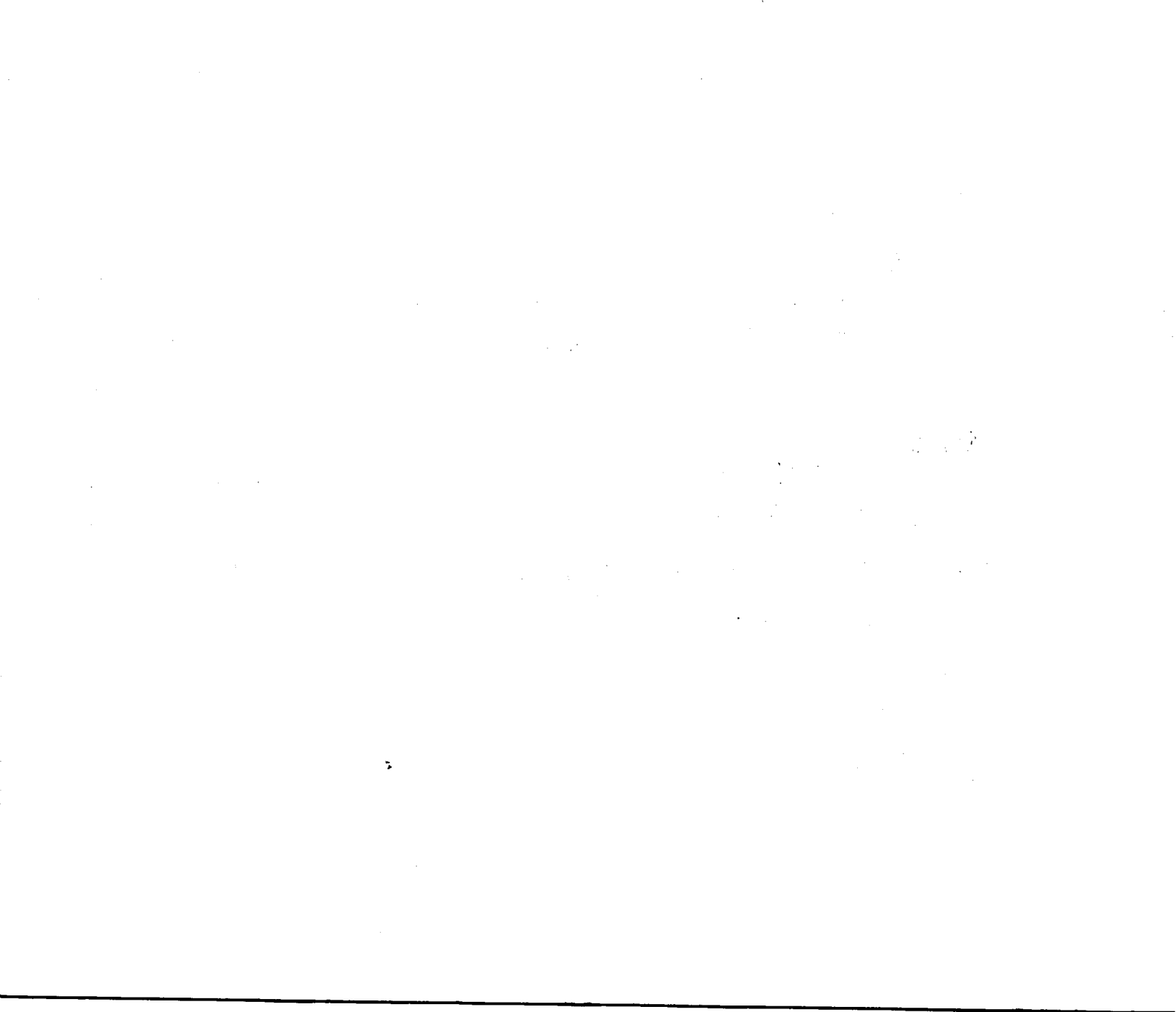
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		Unknown	
		20b. MATERNAL CAUSES	
		acute hyperemesis	

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
Hydramnios		drain hydramnios	

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:32 A. m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other)		23b. DATE SIGNED
	Jack W. Colburn, M. D.		3-4-52
	23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
	Salmon, Idaho		

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	3-1-52	Salmon	Salmon, Idaho

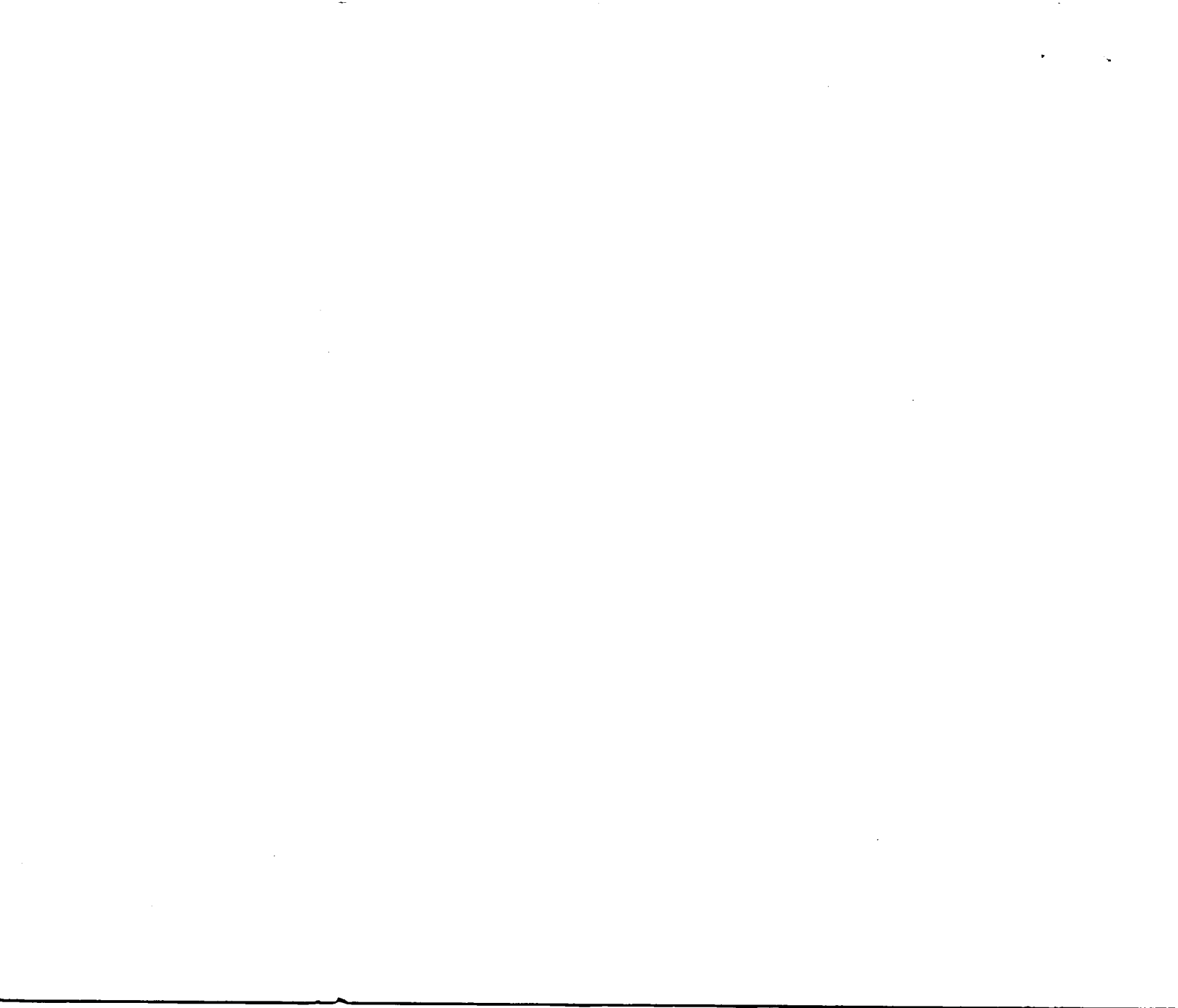
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
3-12-52	Karla E. Johnson	Delbert C. Jones	Salmon, Idaho



RECEIVED
CERTIFICATE OF STILLBIRTH
FEB 18 1952 **State of Idaho**

State File No. 042
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF STILLBIRTH a. COUNTY <u>Power</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>American Falls</u> <u>Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aberdeen</u> <u>Idaho</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Schiltz Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
3. CHILD'S NAME (Type or Print) <u>FLOYD UNDERWOOD</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb 11 1952</u>
7. FATHER'S NAME a. (First) <u>ROBERT</u> b. (Middle) <u>FLOYD</u> c. (Last) <u>UNDERWOOD</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Aberdeen Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>AUDERY</u> b. (Middle) <u>ANNA</u> c. (Last) <u>JENKENS</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Victor Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? _____ b. How many children were born alive but are now dead? _____ c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? _____	
17. INFORMANT <u>Robert F. Underwood Aberdeen</u>			
18a. LENGTH OF PREGNANCY <u>6 months</u>	18b. WEIGHT AT BIRTH LBS. _____ OZS. _____	19. Was a standard serological test for syphilis performed? Yes. _____ No. _____ Approximate date <u>November 1951</u> <u>y39.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity 5 1/2 - 6 Mo.</u>		
	20b. MATERNAL CAUSES <u>None</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hypertension 2 Wks.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>R. L. Harms M.D.</u>		23b. DATE SIGNED <u>Feb. 11, 1952</u>
	23c. ATTENDANT'S ADDRESS <u>Aberdeen Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Rev. D. R. O.</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Feb 13-1952</u>	25b. DATE <u>Feb 13-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Aberdeen Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Aberdeen Idaho</u> <u>2418-52</u>
DATE REC'D BY LOCAL REG. <u>Feb 12-1952</u>	REGISTRAR'S SIGNATURE <u>Stane Daling</u>	26. FUNERAL DIRECTOR <u>Rev. D. R. O.</u>	ADDRESS <u>Amer Falls</u>



FEB 21 1952

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 043
Local Reg. No. 6
Reg. Dist. No. 622

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Tetonia</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D #1</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Feb. 15 1952</u>
7. FATHER'S NAME a. (First) <u>NEILSEN</u> b. (Middle) <u>LE ROY</u> c. (Last) <u>HANSEN</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>CACHE - IDA.</u>	11a. USUAL OCCUPATION <u>FARMING</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>HAGEI</u> b. (Middle) <u>ELLER</u> c. (Last) <u>LEMON</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Tuxwila - Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Neil Jensen Le Roy Hansen</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Abruption Placentae</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Abruption Placentae</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Almon E. Harris M.D.</u>	
23b. DATE SIGNED <u>2-16-52</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)		25b. DATE	
25c. NAME OF CEMETERY OR CREMATORY		25d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Feb 19-52</u>		REGISTRAR'S SIGNATURE <u>Stella Griggs</u>	
26. FUNERAL DIRECTOR		ADDRESS	

RECEIVED CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Twin Falls		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Twin Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome	
c. FULL NAME OF HOSPITAL OR INSTITUTION Twin Falls Co Hospital		d. STREET ADDRESS (If rural, give location) 600 7th Av West	
3. CHILD'S NAME (Type or Print) Ricky Lee Shurtz			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Feb 8 1952
7. FATHER'S NAME a. (First) Arnold b. (Middle) Francis c. (Last) Shurtz		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Ontario, Oregon	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Edna b. (Middle) Elizabeth c. (Last) Blunt		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) Jerome, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Arnold T. Shurtz			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/39.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Rh Negative Factors	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:45 m.		23a. ATTENDANT'S SIGNATURE M. D. -	
23b. DATE SIGNED 2-9-52		24. SIGNATURE OF AUTHORIZED OFFICIAL JOR Wiley	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Feb 11, 1952	
25c. NAME OF CEMETERY OR CREMATORY Jerome		25d. LOCATION (City, town, or county) (State) Jerome Idaho	
DATE REC'D BY LOCAL REG.		26. FUNERAL DIRECTOR JOR Wiley	
REGISTRAR'S SIGNATURE		ADDRESS Jerome, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

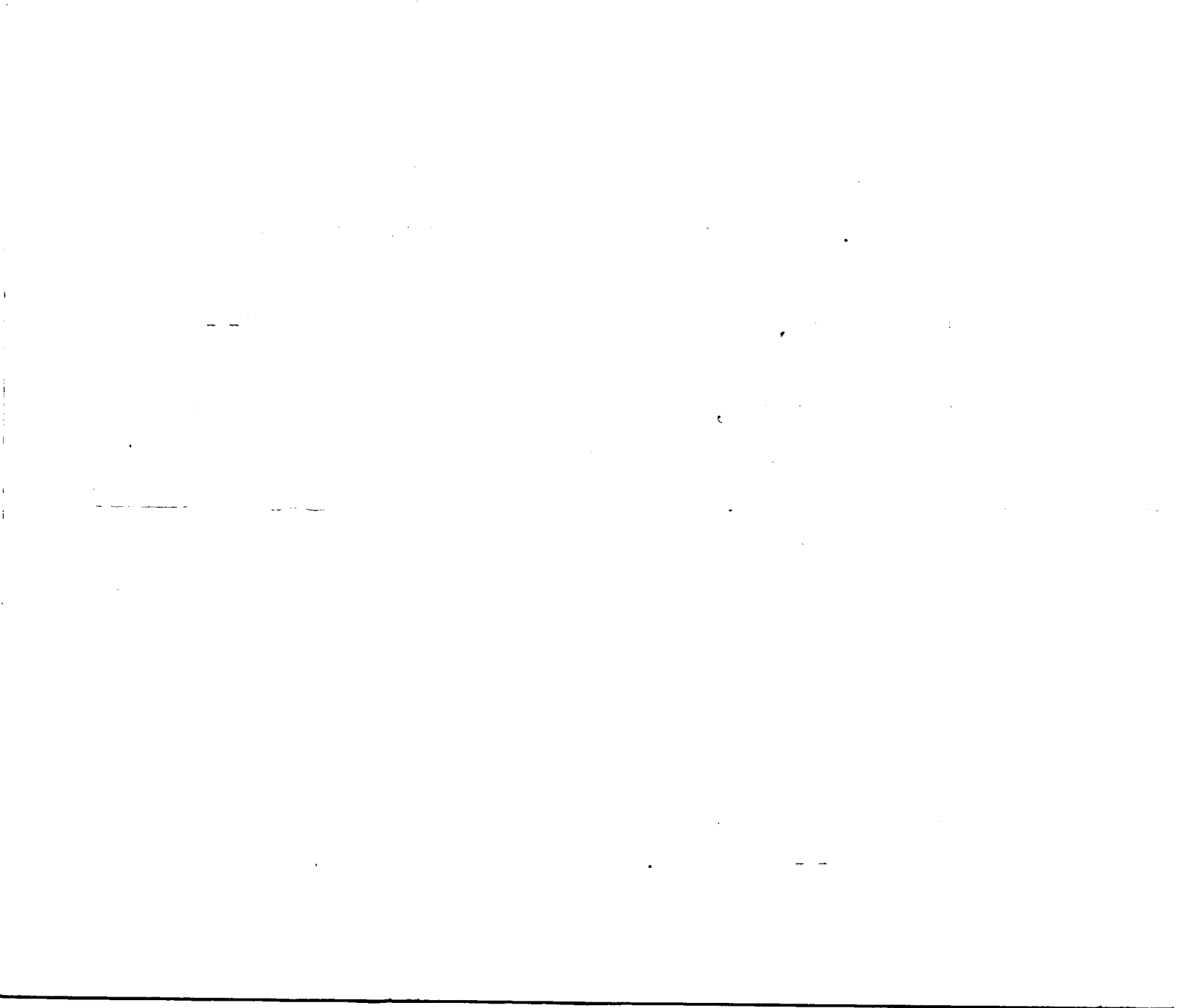
APR 18 1952

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL Statistics State of Idaho

State File No.

Local Reg. No. 135Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY OR TOWN <u>Boise</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Boise</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1710 Manitou Ave</u>	
3. CHILD'S NAME (Type or Print) <u>Robertson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3-7-52</u>
7. FATHER'S NAME a. (First) <u>Jack</u> b. (Middle) <u>Quincy</u> c. (Last) <u>Robertson</u>			8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>33</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Winfield, Kansas</u>	11a. USUAL OCCUPATION <u>Photographer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Austin Fox Studio</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Zetta</u> b. (Middle) <u>Marie</u> c. (Last) <u>Tilby</u>			13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Jerome, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Zetta T. Robertson (Mother)</u>			
18a. LENGTH OF PREGNANCY <u>22.5</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>y 36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Anoxia</u>		20a. FETAL CAUSES <u>Placental Premature Labor</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:15 A.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>Dorothy M. H.</u>	
23b. DATE SIGNED <u>12 Mar 52</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Therette Palmer</u>		23e. TITLE <u>Nurse R. Room</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>3-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lukes Hospital</u>	24d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
24e. DATE REC'D BY LOCAL REG. <u>4-1-52</u>	24f. REGISTRAR'S SIGNATURE <u>Therette Palmer</u>	24g. FUNERAL DIRECTOR ADDRESS <u>St. Lukes Hospital</u>	



RECEIVED CERTIFICATE OF STILLBIRTH

APR 20 1952 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		d. STREET ADDRESS (If rural, give location) <u>1701 Division Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy McNeil</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 10, 1952</u>
7. FATHER'S NAME a. (First) <u>Thomas</u> b. (Middle) <u>Smith</u> c. (Last) <u>McNeil</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	11a. USUAL OCCUPATION <u>Shrubmer + Purchaser</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Beverly</u> b. (Middle) <u>Jean</u> c. (Last) <u>Jones</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>NONE</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Thomas J. McNeil</u>			
18a. LENGTH OF PREGNANCY <u>35</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Jan. 5 / 52.</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature separation of small, placenta. Hypertension.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Hypertension, 3rd trimester</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:50</u> m.		23a. ATTENDANT'S SIGNATURE <u>H. L. Lencove</u>	23b. DATE SIGNED <u>3.10.52</u>
23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Russell R. Kelly</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/11/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Myrtle Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-14-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Russell R. Kelly</u> ADDRESS <u>F.D. 29</u>	
Relves Memory Chapel 8-412 318 N. Latah Boise, Idaho			

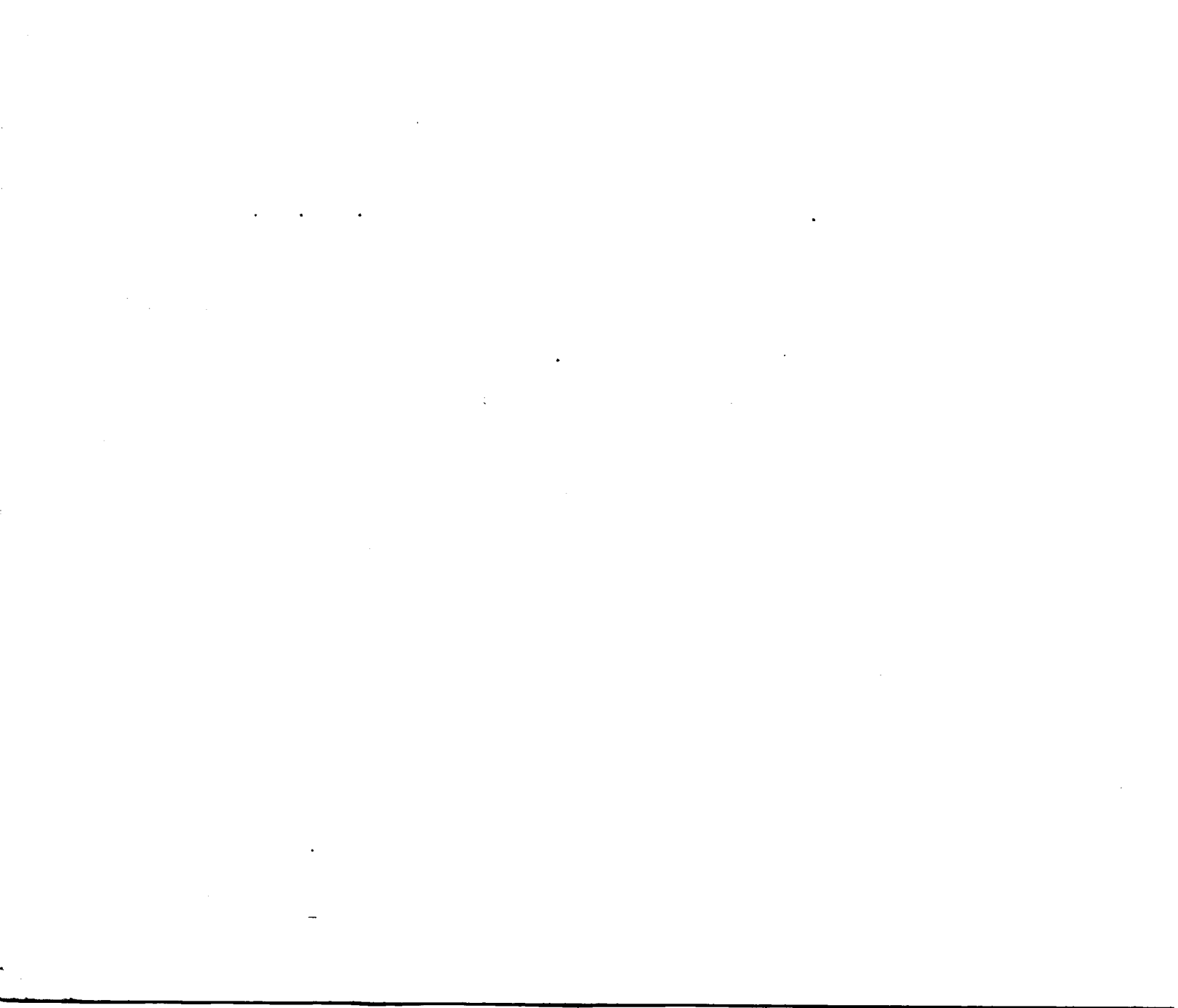
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 96Reg. Dist. No. 370

1. PLACE OF STILLBIRTH 15 1952 a. COUNTY ADAMS b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) 2114 N. 9th. St.	
3. CHILD'S NAME (Type or Print) Linda Hammack			
4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 13, 1952
7. FATHER'S NAME a. (First) LeRoy b. (Middle) B. c. (Last) Hammack	8. COLOR OR RACE White		
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Emmett, Idaho	11a. USUAL OCCUPATION Electrician	11b. KIND OF BUSINESS OR INDUSTRY General Contractor
12. MOTHER'S MAIDEN NAME a. (First) Norma b. (Middle) Lee c. (Last) Calhoun	13. COLOR OR RACE White		
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Cape Fair Missouri	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children were born alive but are now dead? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>LeRoy B. Hammack</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prematurity 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:30 A m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <i>James M. D.</i> 23b. DATE SIGNED 3/14/52 23c. ATTENDANT'S ADDRESS <i>Boise, Ida</i> 23d. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. E. Alden</i> 23e. TITLE Boise, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3/14/52	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 3-14-52	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR <i>W. E. Alden</i> Boise, Idaho McBratney-Alden	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 048
Local Reg. No. 97
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Boise</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Boise</u> TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Boise</u> TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>2114 N. 9th. St.</u>	
3. CHILD'S NAME (Type or Print) <u>Lonnie Hammack</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 13, 1952</u>
7. FATHER'S NAME a. (First) <u>LeRoy</u> b. (Middle) <u>B.</u> c. (Last) <u>Hammock</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>General Contractor</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Norma</u> b. (Middle) <u>Lee</u> c. (Last) <u>Calhoun</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cape Fair, Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>LeRoy B. Hammack</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS. <u>439.5</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>12-11-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:40 A. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Boanice M.D.</u> 23b. DATE SIGNED <u>3/14/52</u> 23c. ATTENDANT'S ADDRESS <u>Boise, Ida.</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>A. E. Alden</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/14/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-14-52</u>	REGISTRAR'S SIGNATURE <u>Marilyn Palmer</u>		26. FUNERAL DIRECTOR <u>A. E. Alden</u> ADDRESS <u>Boise, Idaho</u> <u>McBratney-Alden</u>

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MAR 26 1952

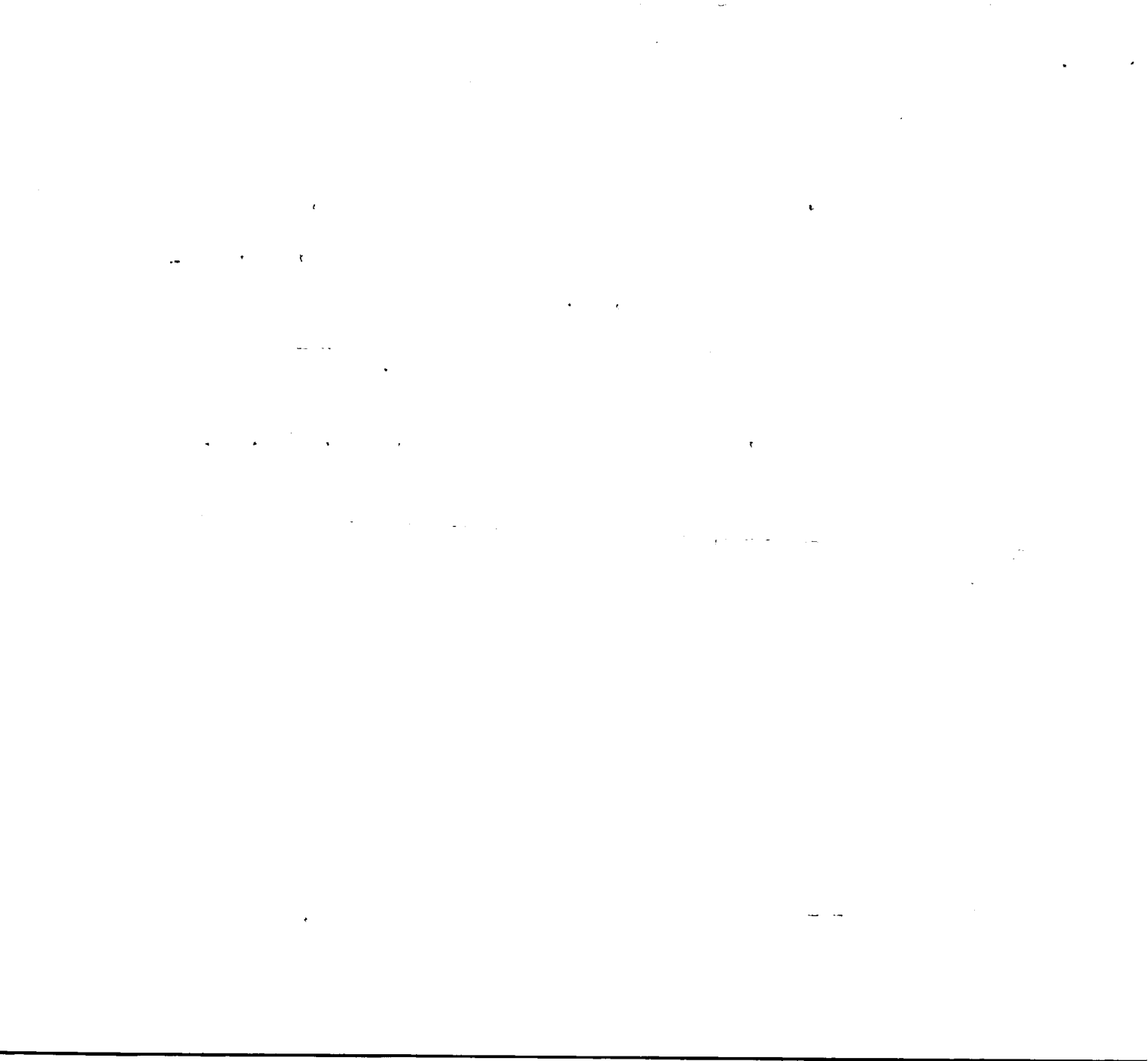
1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of IdahoState File No. 010Local Reg. No. 112Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Owyhee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bruneau	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) City	
3. CHILD'S NAME (Type or Print) BONNIE COLLEEN BLACK			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 16, 1952
7. FATHER'S NAME a. (First) James b. (Middle) Fletcher c. (Last) Black		8. COLOR OR RACE White	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Bruneau Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Erin b. (Middle) Frances c. (Last) Pence		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Bruneau Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? one	
17. INFORMANT X James F. Black Bruneau Idaho			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Sept. 5/ 1939.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES not known	
		20b. MATERNAL CAUSES not known	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1230 A. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Max D. Gustafson	
23c. ATTENDANT'S ADDRESS Boise, Idaho		23b. DATE SIGNED 3-20-52	
23d. SIGNATURE OF AUTHORIZED OFFICIAL W. J. Palmer		TITLE Reg. Mgr. Mountain Home Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE March 16, 1952	25c. NAME OF CEMETERY OR CREMATORY Bruneau Cemetery	25d. LOCATION (City, town, or county) (State) Bruneau Idaho
DATE REC'D BY LOCAL REG. 3-25-52		26. FUNERAL DIRECTOR ADDRESS W. J. Palmer	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
MAR 18 1952
State of Idaho
DIVISION OF VITAL STATISTICS

State File No. _____
Local Reg. No. 101
Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello, Idaho</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1234 South 2nd, Apt. #2</u>	
3. CHILD'S NAME (Type or Print) <u>Robert Neal Hanson, Jr.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3-5-52</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>Neal</u> c. (Last) <u>Henson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>20</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>McCammon, Idaho</u>	11a. USUAL OCCUPATION <u>warehouse man, Natl. Bisc. Co.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Jaketta</u> b. (Middle) <u>May</u> c. (Last) <u>Draper</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Jaketta Draper Henson</u> Mother			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>3-7-52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Large cranium unable to make head</u> 20b. MATERNAL CAUSES <u>exhaustion</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Version Extraction Instruments used</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. C. Ray</u>	
		23b. DATE SIGNED <u>3-7-1952</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Henry Manning</u> TITLE _____	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>3-5-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountainview</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>
DATE REC'D BY LOCAL REG. <u>3-15-52</u>	REGISTRAR'S SIGNATURE <u>Jessie J. Samell</u>	26. FUNERAL DIRECTOR <u>Henry Manning</u> ADDRESS <u>Hall Grant Mortuary Pocatello, Idaho</u>	

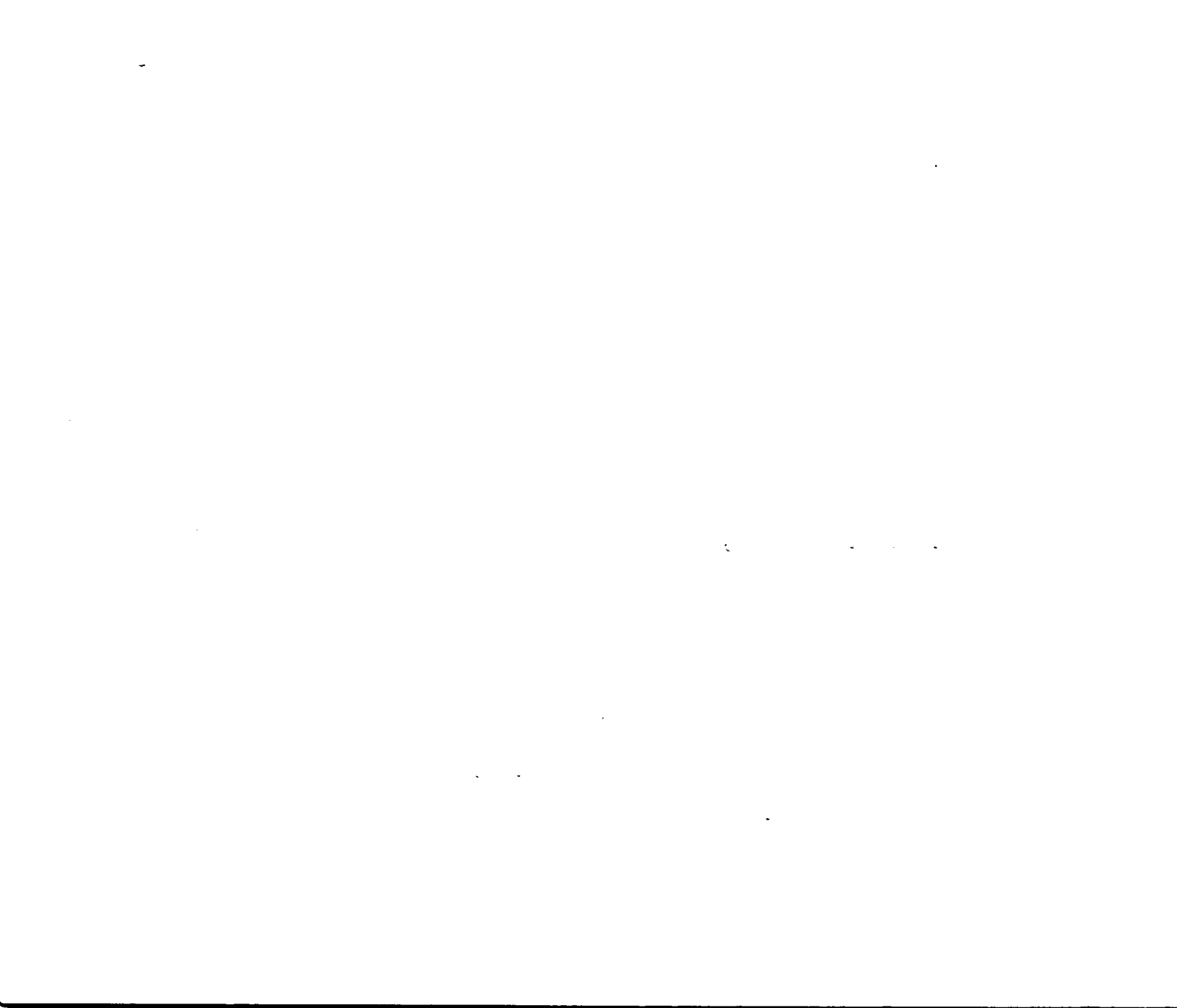


(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 051
Local Reg. No. 13
Reg. Dist. No. 130

MAR 31 1952 State of Idaho

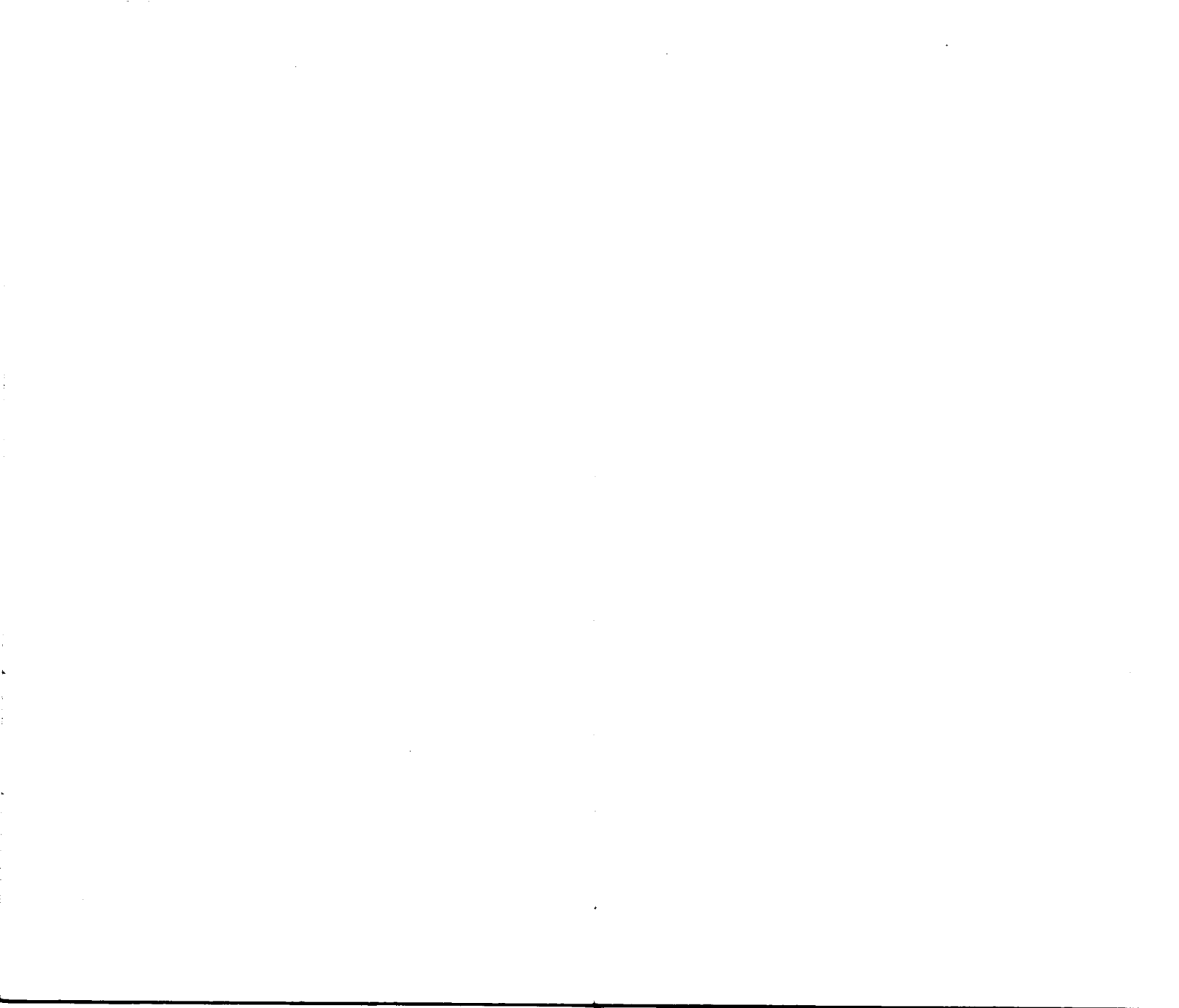
1. PLACE OF STILLBIRTH a. COUNTY Benewah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Benewah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries Rt. #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries Rt. #1	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Maries Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) William Dean Telford			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 25, 1952
7. FATHER'S NAME a. (First) Roland b. (Middle) G. c. (Last) Telford		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Conda, Wisconsin	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Building Material
12. MOTHER'S MAIDEN NAME a. (First) Doris b. (Middle) Marie c. (Last) Hansen		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Summet, S. Dakota	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mrs. R. G. Telford, Mother			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date August 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Cerebral anoxemia		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech presentation		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10¹⁰ A.m.		23a. ATTENDANT'S SIGNATURE B. A. Rapp M. D.	23b. DATE SIGNED 3-26-52
23c. ATTENDANT'S ADDRESS St. Maries, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL H. E. Welch TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3-26-52	25c. NAME OF CEMETERY OR CREMATORY Woodlawn	25d. LOCATION (City, town, or county) (State) St. Maries Idaho
DATE REC'D BY LOCAL REG. 3/26/52	REGISTRAR'S SIGNATURE Esper E. Schubert	26. FUNERAL DIRECTOR ADDRESS H. E. Welch St. Maries, Idaho	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF VITAL STATISTICS
 State of Idaho

State File No. 052Local Reg. No. 60Reg. Dist. No. 600

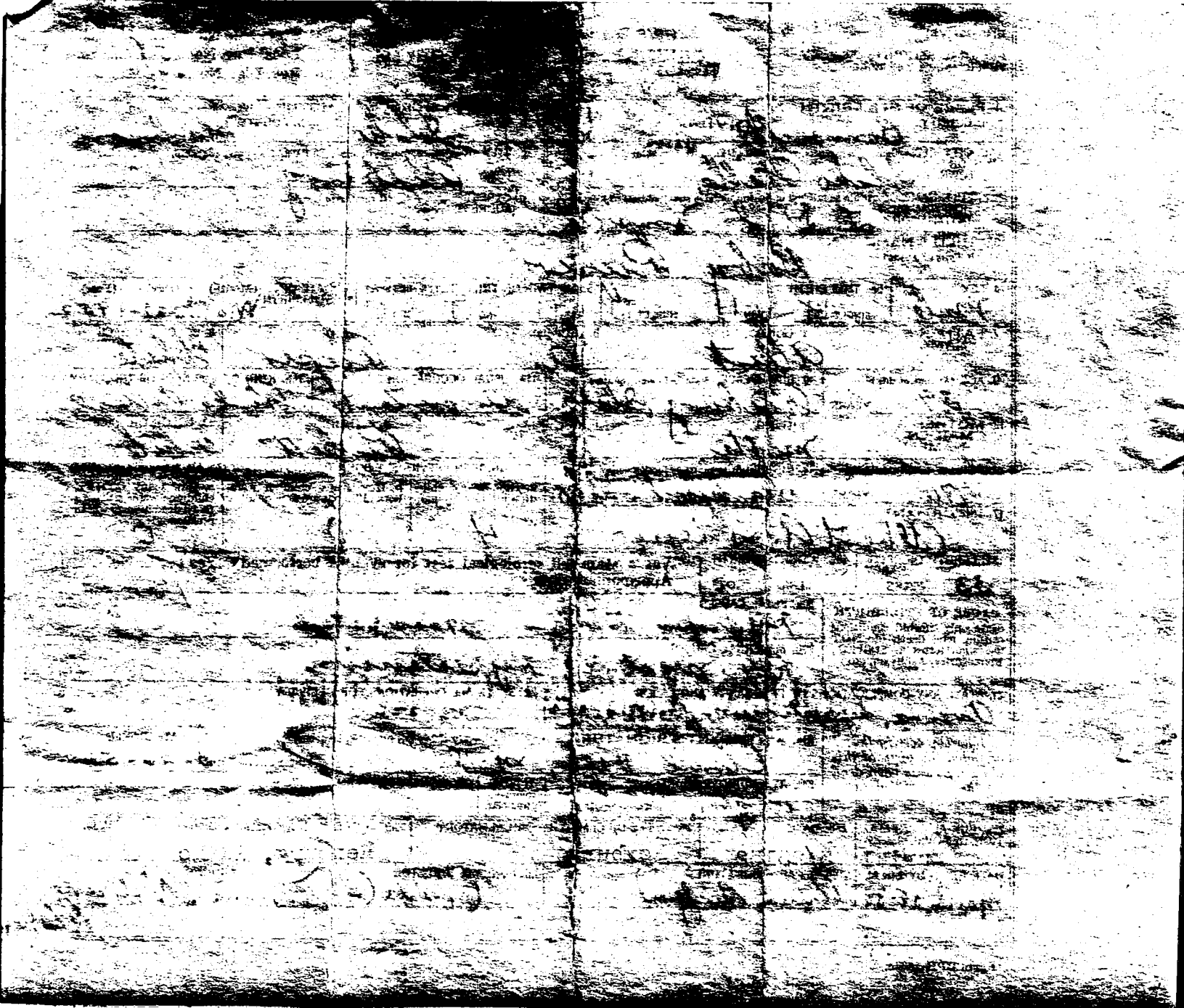
1. PLACE OF STILLBIRTH a. COUNTY <u>Bingham</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blackfoot - Rural Rt #2</u> d. STREET ADDRESS (If rural, give location) <u>Thomas</u>	
3. CHILD'S NAME ((Type or Print)) <u>Infant Serr</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Mar. 31, 1952</u>
7. FATHER'S NAME a. (First) <u>Theodore</u> b. (Middle) <u>Eugene</u> c. (Last) <u>Serr</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Mechanic</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Swendalyn</u> b. (Middle) c. (Last) <u>Wood</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Theodore E. Serr</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not known</u>	
		20b. MATERNAL CAUSES <u>not known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Emmett Fisher M.D.</u>	
		23b. DATE SIGNED <u>4-1-52</u>	
23c. ATTENDANT'S ADDRESS <u>Blackfoot, Idaho</u>		IF NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>Apr. 1, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bingham Mem. Hosp.</u>	25d. LOCATION (City, town, or county) (State) <u>Blackfoot, Bingham, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Apr. 1-1952</u>	REGISTRAR'S SIGNATURE <u>Dr. W. L. E. Fournier</u>		26. FUNERAL DIRECTOR ADDRESS <u>Edward Packham Blackfoot, Idaho</u>



CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Grubb</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>L. D. S. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME ((Type or Print)) <u>Baby Pieper</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 22-1952</u>
7. FATHER'S NAME a. (First) <u>Albert</u> b. (Middle) <u>A.</u> c. (Last) <u>Pieper</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grubb Idaho</u>	11a. USUAL OCCUPATION <u>Accountant</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Bricks College</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Metta</u> b. (Middle) <u>Pickett</u> c. (Last) <u>Pickett</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Blackfoot Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Albert A. Pieper</u>			
18a. LENGTH OF PREGNANCY <u>33</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>39.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Hydrops Baby - macerated</u>		
	20b. MATERNAL CAUSES <u>R.H. negative, Hypertension</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Anemia, hypertension, Reaction after transfusion</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Israel Tall</u>		23b. DATE SIGNED <u>3-26-52</u>
	23c. ATTENDANT'S ADDRESS <u>Highway, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Deesse William Reyring</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>3/23/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rexburg</u>	25d. LOCATION (City, town, or county) (State) <u>Rexburg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>March 26-52</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR ADDRESS <u>Deesse William Reyring</u>	



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 054
Local Reg. No. 5
Reg. Dist. No. 3.6.2

RECEIVED State of Idaho

1. PLACE OF STILLBIRTH <u>ADD 2 1952</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Canyon</u>		a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Merry Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>915- 10th Ave So.</u>	
3. CHILD'S NAME (Type or Print) <u>Arlean Hest</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 11 1952</u>
7. FATHER'S NAME a. (First) <u>Max</u> b. (Middle) <u>L.</u> c. (Last) <u>Hest</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Jarvis Arkansas</u>	11a. USUAL OCCUPATION <u>Labourer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Loretta</u> b. (Middle) <u>Turman</u> c. (Last) <u>H.</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>North Bend Ore</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Hosp. Records By Mr. H. H. Hest</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>Y 38.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Anencephalic monster death at 6 Mos</u>		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>	23a. ATTENDANT'S SIGNATURE <u>W.B. Rose</u> (Specify if M. D., midwife, or other)		23b. DATE SIGNED <u>3/20/52</u>
	23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>3/12/52</u>	<u>North Bend County</u>	<u>North Bend Oregon</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
<u>March 31, 1952</u>	<u>Mrs. Janet Hest</u>	<u>George H. Hest</u>	<u>Nampa Idaho</u>

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 955
Local Reg. No. 4
Reg. Dist. No. 362

RECEIVED
MAR 27 1952

DIVISION OF VITAL

1. PLACE OF STILLBIRTH a. COUNTY <i>Canyon</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Canyon</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Nampa</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mary Hosp</i>		d. STREET ADDRESS (If rural, give location) <i>Rt # 3 Amity Ave.</i>	
3. CHILD'S NAME (Type or Print) <i>Infant. Scholl</i>			
4. SEX <i>F</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>3 13 1952</i>
7. FATHER'S NAME a. (First) <i>Frank</i> b. (Middle) <i>J</i> c. (Last) <i>Scholl</i>		8. COLOR OR RACE <i>W.</i>	
9. AGE (At time of this birth) <i>41 1/2</i> YEARS		10. BIRTHPLACE (State or foreign country) <i>Nebraska</i>	11a. USUAL OCCUPATION <i>Carpenter</i>
11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME a. (First) <i>Ernest</i> b. (Middle) <i>Lucille</i> c. (Last) <i>Grant</i>		13. COLOR OR RACE <i>W.</i>	
14. AGE (At time of this birth) <i>36</i> YEARS		15. BIRTHPLACE (State or foreign country) <i>Idaho</i>	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <i>Hosp Records By Dr. H. H. Haller</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Aug 1951</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Compression of cord. Intracutaneous</i>	
		20b. MATERNAL CAUSES <i>None</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>m.</i>		23a. ATTENDANT'S SIGNATURE <i>R. L. Rodwell MD</i> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <i>3-17-52</i>
23c. ATTENDANT'S ADDRESS <i>Nampa Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Dr. H. H. Haller</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>3-14-52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Nampa Idaho</i>
DATE REC'D BY LOCAL REG. <i>March 20, 1952</i>	REGISTRAR'S SIGNATURE <i>Mrs. Jane H. Haller</i>	26. FUNERAL DIRECTOR <i>George E. Haller</i>	ADDRESS <i>Nampa Idaho</i>

3-14-8 (1944) - 1944
1944 - 1944

RECEIVED

(1949 Revision of Standard Certificate)

APR 15 1952

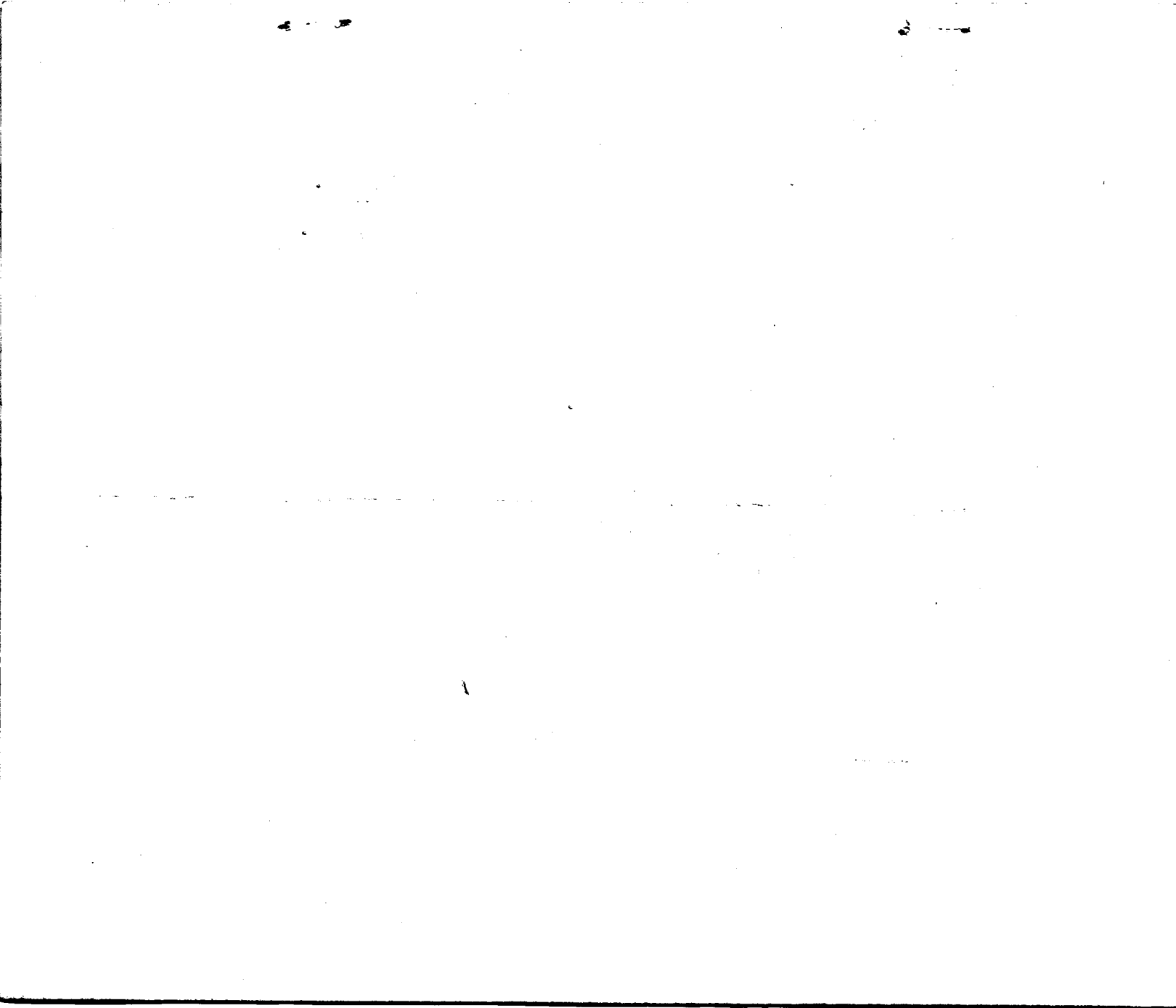
DIVISION OF VITAL

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 256
Local Reg. No. 6
Reg. Dist. No. 3621

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa Rt. #2	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Hospital		d. STREET ADDRESS (If rural, give location) Nampa, Rt. #2	
3. CHILD'S NAME (Type or Print) HOWARD THIEL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 28 1952
7. FATHER'S NAME a. (First) Deleon b. (Middle) Thiel c. (Last) Thiel		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Litchfield, Nebr.	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Myrtle (Tackett) b. (Middle) Tackett c. (Last) Tackett		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Amby, Kentucky	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Deleon Thiel			
18a. LENGTH OF PREGNANCY Full Term WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. No. Approximate date Y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Strangulation by cord 20b. MATERNAL CAUSES Mother in accident about 2 wks previous feeling life until 1 wk ago	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See above		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. Mangum M.D. 23b. DATE SIGNED 4/3/52 23c. ATTENDANT'S ADDRESS If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 1, 52	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Ada Idaho
DATE REC'D BY LOCAL REG. April 10, 1952	REGISTRAR'S SIGNATURE Miss Jane Deack	26. FUNERAL DIRECTOR John F. Alsip, Jr. Nampa, Idaho Alsip Funeral Chapel	



(1949 Revision of Standard Certificate)
RECEIVED
CERTIFICATE OF STILLBIRTH
MAR 26 1952
State of Idaho

State File No. 057Local Reg. No. 2/Reg. Dist. No. 470**1. PLACE OF STILLBIRTH**a. COUNTY **Cassia**b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Burley**c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **Cottage Hospital**DIVISION OF VITAL
STATISTICS**2. USUAL RESIDENCE OF MOTHER (Where does mother live?)**a. STATE **Idaho**b. COUNTY **Cassia**c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **Declo**

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME

(Type or Print)

BABY RIDING**4. SEX****Male****5a. THIS BIRTH**SINGLE ☒TWIN ☐TRIPLET ☐**5b. IF TWIN OR TRIPLET (This child born)**1ST ☐2ND ☐3RD ☐**6. DATE OF STILLBIRTH (Month) (Day) (Year)****March 8 1952****7. FATHER'S NAME**

a. (First)

Myrl

b. (Middle)

-7-

c. (Last)

Riding**8. COLOR OR RACE****white****9. AGE (At time of this birth)****28** YEARS**10. BIRTHPLACE (State or foreign country)****St. George, Utah****11a. USUAL OCCUPATION****Truck Driver****11b. KIND OF BUSINESS OR INDUSTRY****12. MOTHER'S MAIDEN NAME**

a. (First)

Edna

b. (Middle)

M.

c. (Last)

Riding**13. COLOR OR RACE****white****14. AGE (At time of this birth)****27** YEARS**15. BIRTHPLACE (State or foreign country)****Lowell Wyo.****16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)**

a. How many children are now living?

none

b. How many children were born alive but are now dead?

none

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT**Myrl J. Riding****18a. LENGTH OF PREGNANCY (Weeks)****18b. WEIGHT AT BIRTH (LBS. OZS.)****19. Was a standard serological test for syphilis performed? Yes..... No.....**

Approximate date

Y39.5**CAUSE OF STILLBIRTH**

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES**Chromosomal - 4 1/2 mo. gestation****20b. MATERNAL CAUSES****Habitual miscarriages - #5****21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR****none****22. STATE ALL OPERATIONS FOR DELIVERY****none**

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

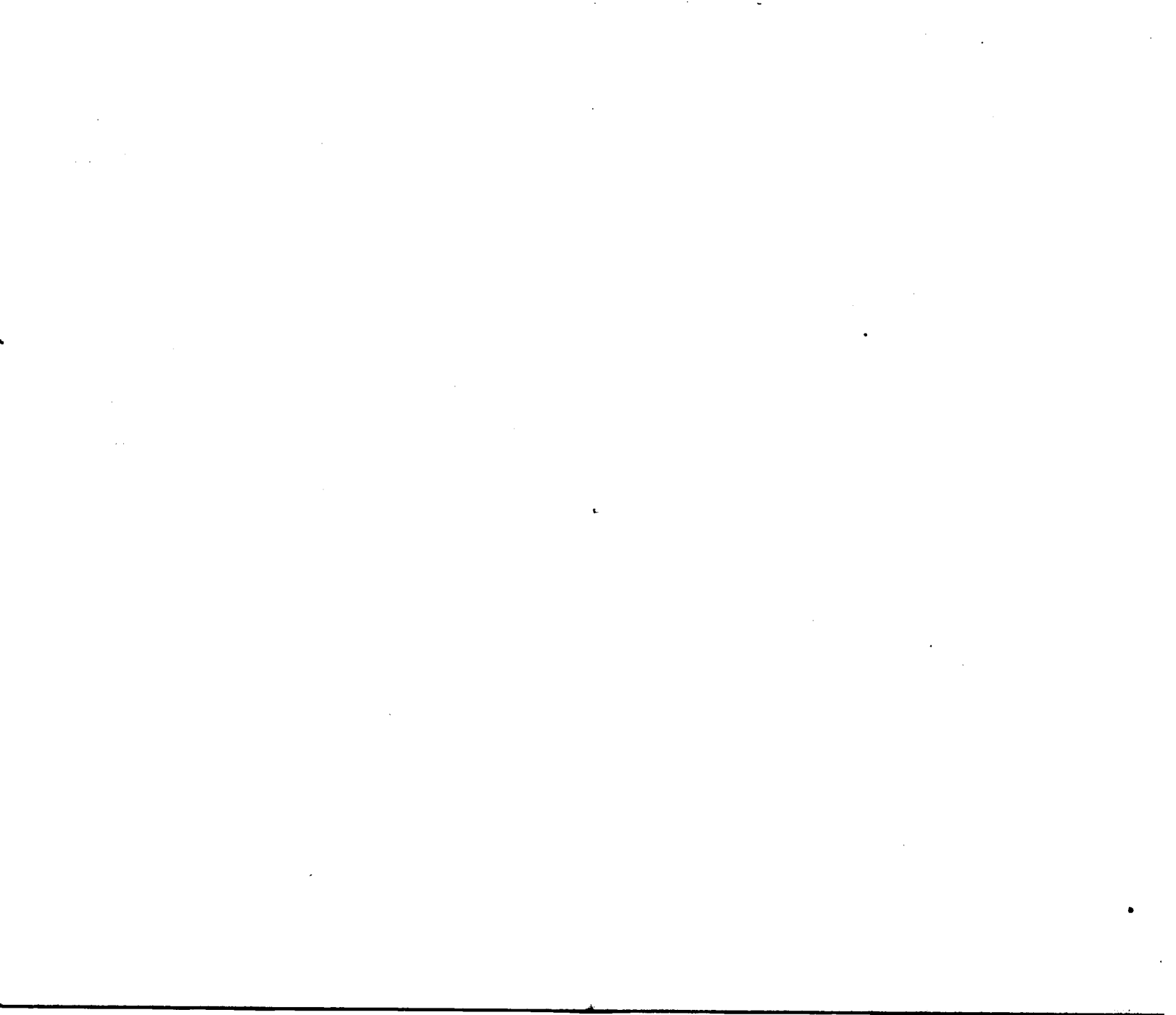
24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

23b. DATE SIGNED**3-12-52****25a. BURIAL, CREMATION, REMOVAL (Specify)****Cremation****25b. DATE****3/10/52****25c. NAME OF CEMETERY OR CREMATORY****Cottage Hospital****25d. LOCATION (City, town, or county)****Burley, Idaho**

(State)

DATE REC'D BY LOCAL REG.**Mar. 18 1952****REGISTRAR'S SIGNATURE****J. F. Wilson****26. FUNERAL DIRECTOR****Retta S. Payne****ADDRESS****Burley, Idaho**



RECEIVED
CERTIFICATE OF STILLBIRTH
MAR 20 1952 State of Idaho

State File No.
Local Reg. No. 26
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>605 So. Commercial</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Rinard</u>					
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 15, 1952</u>		
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Ezra</u> c. (Last) <u>Rinard</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Caldwell, Ida.</u>	11a. USUAL OCCUPATION <u>range examiner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>conservation</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Lindsley</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Lebanon, Tenn.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT <u>x John E. Rinard - Father</u>					
18a. LENGTH OF PREGNANCY <u>22</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>33/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>no</u> No. <u>39.6</u> Approximate date <u>no</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cause undetermined</u>			
		20b. MATERNAL CAUSES <u>Cause undetermined</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Ronald P. Rawlerson M.D.</u>		23b. DATE SIGNED <u>3/15/52</u>	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glen W. Pratt</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>March 17, 1952</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	
				25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>March 18/1952</u>		REGISTRAR'S SIGNATURE <u>Jean L. Betty</u>		26. FUNERAL DIRECTOR <u>Beatty Chapel</u> ADDRESS <u>Emmett, Idaho</u>	

RECEIVED
MAR 2 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.
Local Reg. No. 362
Reg. Dist. No. 481

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gooding</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wendell</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Valentines Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>CONNIE MARIE SCHWENSON</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 12 1952</u>
7. FATHER'S NAME a. (First) <u>John</u> b. (Middle) <u>Robert</u> c. (Last) <u>Schwenson</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Nebr.</u>	11a. USUAL OCCUPATION <u>Laborer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mildred</u> b. (Middle) <u>Marie</u> c. (Last) <u>Gasper</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>18</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Twin Falls, Ida</u>	
17. INFORMANT <u>Mildred M. Schwenson</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>2/18/52</u> <u>Y39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Unknown - fetus macerated</u>		20a. FETAL CAUSES <u>Unknown - fetus macerated</u>	
20b. MATERNAL CAUSES <u>Diet was questionable</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none (breach)</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean for head.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Harold G. Holsinger M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Wendell, Ida</u>		23b. DATE SIGNED <u>3/18/52</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>John R. Schwenson</u>		TITLE <u>Wendell Ida</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>March 17, 1952</u>		REGISTRAR'S SIGNATURE <u>Veronica Mene</u>	
26. FUNERAL DIRECTOR <u>John R. Schwenson</u>		ADDRESS <u>Wendell Ida</u>	

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Form DPH-48020

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. _____
Local Reg. No. 670
Reg. Dist. No. 6008

1. PLACE OF BIRTH a. COUNTY <u>Lemhi</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>May</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Brown</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 31, 1952</u>
7. FATHER'S NAME a. (First) <u>David</u> b. (Middle) <u>W.</u> c. (Last) <u>Brown</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>40</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Ida.</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Hill</u> c. (Last) <u>Hill</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Baker, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>David W. Brown</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>32.4</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Loxemia of pregnancy</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Loxemia of pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Raymond E. Smith M.D.</u>	
		23b. DATE SIGNED <u>4-3-52</u>	
23c. ATTENDANT'S ADDRESS <u>Salmon, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Albert C. Jones</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>4-1-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon</u>
		25d. LOCATION (City, town, or county) <u>Salmon, Idaho</u>	(State)
DATE REC'D BY LOCAL REG. <u>4-4-52</u>		26. FUNERAL DIRECTOR <u>Albert C. Jones</u>	
REGISTRAR'S SIGNATURE <u>Viola C. Johnson</u>		ADDRESS <u>Salmon, Ida.</u>	

RECEIVED

APR 16 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 002

Local Reg. No. 58

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <i>Nez Perce</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Nez Perce</i>	
b. CITY OR TOWN <i>Lewiston</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lewiston</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>DONALD ELLIS</i>			
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>March 21 1951</i>
7. FATHER'S NAME a. (First) <i>Ralph</i> b. (Middle) c. (Last) <i>Ellis</i>	8. COLOR OR RACE <i>White</i>		
9. AGE (At time of this birth) <i>45</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Springdale Wn</i>	11a. USUAL OCCUPATION <i>Labor</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Trucker</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Alvin</i> b. (Middle) <i>Irene</i> c. (Last) <i>Rasmussen</i>	13. COLOR OR RACE <i>White</i>		
14. AGE (At time of this birth) <i>42</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Clearwater Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Mrs. Albert Rasmussen</i>			
18a. LENGTH OF PREGNANCY <i>37</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>7/36/2</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Premature separation Placenta</i>		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Endemic Infection with</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Forceps</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Raymond B. Rasmussen</i>	
23b. DATE SIGNED <i>Mar 27-52</i>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>R. Rasmussen</i>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	25b. DATE <i>March 22 1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Normal Hill</i>	25d. LOCATION (City, town, or county) (State) <i>Lewiston</i>
DATE REC'D BY LOCAL REG. <i>Mar. 27, 1952</i>	REGISTRAR'S SIGNATURE <i>Jean Negelius</i>	26. FUNERAL DIRECTOR <i>R. Rasmussen</i> ADDRESS <i>Lewiston</i>	

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APR 16 1952

DIVISION OF VITAL

Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

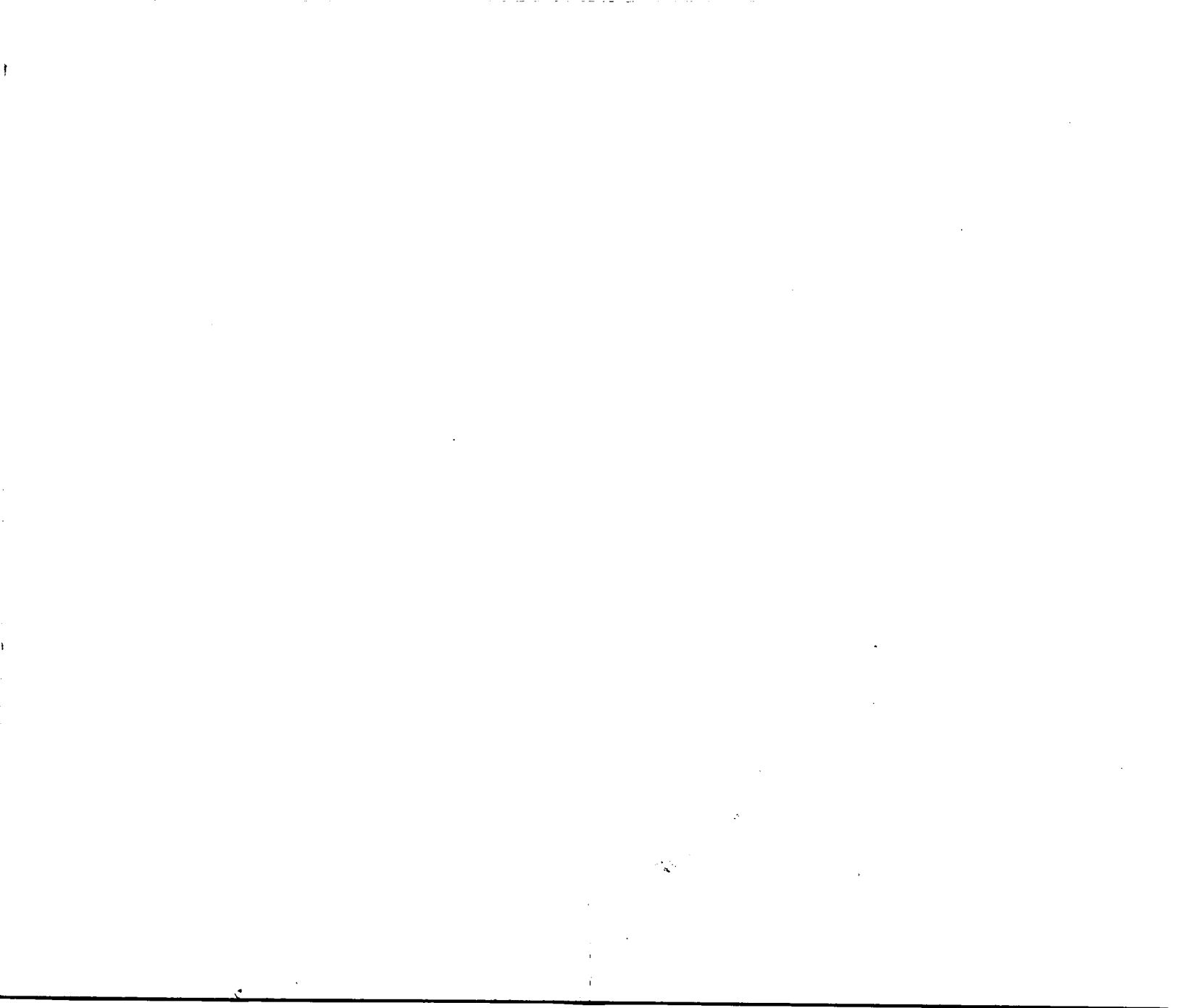
State of Idaho

State File No. 063

Local Reg. No. 428

Reg. Dist. No. 228

1. PLACE OF STILLBIRTH a. COUNTY Nez Perce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clearwater	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Headquarters	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) -----	
3. CHILD'S NAME (Type or Print) GWENLOYN RENEE BANEY			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 31, 1952
7. FATHER'S NAME Donald	a. (First) Donald	b. (Middle) W	c. (Last) Baney
8. COLOR OR RACE White			
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country) Spokane, Wash	11a. USUAL OCCUPATION Woodworker	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME Darleen	a. (First) Darleen	b. (Middle)	c. (Last) Quigley
13. COLOR OR RACE White			
14. AGE (At time of this birth) YEARS	15. BIRTHPLACE (State or foreign country) Clarkston, Wash	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Donald W. Baney			
18a. LENGTH OF PREGNANCY 41 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7-6-51.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Episiotomy & Repair	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:40 a.m.		23a. ATTENDANT'S SIGNATURE Donald D. Merchant	23b. DATE SIGNED 3-31-52
23c. ATTENDANT'S ADDRESS Lewiston, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL MC Merchant	TITLE Clarkston, Washington
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/1/52	25c. NAME OF CEMETERY OR CREMATORY Normal Hill	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. April 1, 1952	REGISTRAR'S SIGNATURE Jean Negelina	26. FUNERAL DIRECTOR MC Merchant	ADDRESS Clarkston, Washington



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No.
Local Reg. No. 29
Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY OR TOWN <u>Kellogg</u>		c. CITY OR TOWN <u>Kellogg</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wadsworth</u>		d. STREET ADDRESS (If rural, give location) <u>108 W. Brown</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Girl Hague</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (How many born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 30, 1952</u>
7. FATHER'S NAME a. (First) <u>Bruce</u> b. (Middle) <u>Hague</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>44</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Wardlaw, Idaho</u>	11a. USUAL OCCUPATION <u>mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Carroll</u> b. (Middle) <u>Barclay</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Shoshone, Wash</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Bruce Hague</u>			
18a. LENGTH OF PREGNANCY WEEKS <u>36</u>	18b. WEIGHT AT BIRTH <u>6 LBS. 1 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>INTRAUTERINE COMPRESSION OF CORD.</u>	
		20b. MATERNAL CAUSES <u>ANEMIA + FAV(?)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>NONE</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>NONE</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:20 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Glen M. Whitel</u> M.D.	
23b. DATE SIGNED <u>1 April 52</u>		23c. ATTENDANT'S ADDRESS <u>Kellogg, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glen M. Whitel</u>		TITLE <u>M.D.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4/1/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	25d. LOCATION (City, town, or county) (State) <u>Kellogg, Idaho</u>
DATE REC'D BY LOCAL REG. <u>4/1/52</u>		26. FUNERAL DIRECTOR <u>Glen M. Whitel</u> ADDRESS <u>Kellogg, Idaho</u>	

DECLARATION OF INTEREST

STATE OF NEW YORK

IN SENATE

JANUARY 1900

STATE OF NEW YORK
IN SENATE
JANUARY 1900

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MAY 12 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 005
Local Reg. No. 140
Reg. Dist. No. 510

1. PLACE OF BIRTH a. COUNTY <p>Bannock</p>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <p>Idaho</p> b. COUNTY <p>Bannock</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p>Pocatello</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p>Pocatello</p>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <p>St. Anthony Mercy Hospital</p>		d. STREET ADDRESS (If rural, give location) <p>434 1/2 West Halliday</p>	
3. CHILD'S NAME (Type or Print) <p>Brett Robbins</p>			
4. SEX <p>male</p>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <p>4 11 52</p>
7. FATHER'S NAME a. (First) <p>Robert</p>		b. (Middle) <p>Charles</p>	
c. (Last) <p>Robbins</p>		8. COLOR OR RACE <p>white</p>	
9. AGE (At time of this birth) <p>28</p> YEARS	10. BIRTHPLACE (State or foreign country) <p>California</p>	11a. USUAL OCCUPATION <p>Manager</p>	11b. KIND OF BUSINESS OR INDUSTRY <p>Grimes Business School</p>
12. MOTHER'S MAIDEN NAME a. (First) <p>Alice</p>		b. (Middle) <p>Valenzuela</p>	
c. (Last) <p>white</p>		13. COLOR OR RACE <p>white</p>	
14. AGE (At time of this birth) <p>23</p> YEARS	15. BIRTHPLACE (State or foreign country) <p>Needles, California</p>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <p>0</p> b. How many children were born alive but are now dead? <p>0</p> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <p>0</p>	
17. INFORMANT <p>Alice Robbins mother</p>			
18a. LENGTH OF PREGNANCY <p>40</p> WEEKS	18b. WEIGHT AT BIRTH <p>7</p> LBS. <p>2</p> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <p>10-24-51</p>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <p>Cerebral anoxia secondary to cerebral edema.</p>	
20b. MATERNAL CAUSES <p>None</p>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <p>Prolonged labor</p>		22. STATE ALL OPERATIONS FOR DELIVERY <p>Right meso-lateral episiotomy.</p>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <p>10:25 a. m.</p>		23a. ATTENDANT'S SIGNATURE <p>ARCH T. WIGLE, M. D.</p>	
23b. DATE SIGNED <p>26 April 1952</p>		24. SIGNATURE OF AUTHORIZED OFFICIAL <p>Byron B. Darnard</p>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <p>Burial</p>		25b. DATE <p>4-12-52</p>	
25c. NAME OF CEMETERY OR CREMATORY <p>Mountainview</p>		25d. LOCATION (City, town, or county) (State) <p>Pocatello Idaho</p>	
DATE REC'D BY LOCAL REG. <p>MAY 1 1952</p>		26. FUNERAL DIRECTOR <p>Byron B. Darnard</p>	

CERTIFICATE OF BIRTH

State of Illinois

County of Cook

Postoffice of Chicago

City of Chicago

Place of Birth

Place of Birth

Place of Birth

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 056Local Reg. No. 143Reg. Dist. No. 5/10

1. PLACE OF BIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Pocatello</u> (If outside corporate limits, write RURAL and give township)	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>522 North Garfield</u>	
3. CHILD'S NAME (Type or Print) <u>Newell John Thomas</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>18</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Newell</u> b. (Middle) <u>Windley</u> c. (Last) <u>Thomas</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Brakeman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.P.R.R.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Twila</u> b. (Middle) <u>Marie</u> c. (Last) <u>Infanger</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Twila Thomas</u> mother			
18a. LENGTH OF PREGNANCY <u>26</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>83/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cerebral anoxia secondary to cerebral edema</u>	
		20b. MATERNAL CAUSES <u>Premature separation of the placenta leading to a circumvallate placenta.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7:40</u> a. m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>ARCH T. WIGLE, M. D.</u>	
23b. DATE SIGNED <u>26 April 1952</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Alvin J. Wiggins</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>April 19, 1952</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>		25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>	
DATE REC'D BY LOCAL REG. <u>MAY 1 1952</u>		26. FUNERAL DIRECTOR <u>Alvin J. Wiggins</u>	
REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>		ADDRESS <u>Pocatello, Idaho</u>	

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

March 1964

March 1964

March 1964

March 1964

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 067
Local Reg. No. 145
Reg. Dist. No. 510

1. PLACE OF BIRTH a. COUNTY <u>Bannock</u> b. CITY OR TOWN <u>Pocatello</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Anthony Mercy Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u> c. CITY OR TOWN <u>Pocatello</u> d. STREET ADDRESS (If rural, give location) <u>356 South Hayes</u>	
3. CHILD'S NAME (Type or Print) <u>Deborah Denise Schiers</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>24</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Melvin</u> b. (Middle) <u>Charles</u> c. (Last) <u>Schiers</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	11a. USUAL OCCUPATION <u>Student</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Grimes Business School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Geraldine</u> b. (Middle) <u>Louise</u> c. (Last) <u>Helm</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Geraldine L. Schiers</u> Mother			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4/30/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>None Known</u>		20a. FETAL CAUSES <u>None Known</u> 20b. MATERNAL CAUSES <u>None Known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:53 P.M.</u>		23. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) <u>Robert B. Heggt</u> 23b. DATE SIGNED <u>4.30.52</u>	
23a. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. J. Manning</u> TITLE <u>Health Officer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April 24, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>
DATE REC'D BY LOCAL <u>MAY 1 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>W. J. Manning</u> ADDRESS <u>Half-Chance, Pocatello, Idaho</u>	

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RECEIVED
MAY 12 1952
DEPARTMENT OF VITAL STATISTICS

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 058
Local Reg. No. 5176
Reg. Dist. No. 511

1. PLACE OF BIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Hall</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Fort Hall, Idaho</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Stone</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4</u> <u>25</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Leonard</u> b. (Middle) <u>Stone</u> c. (Last) <u>Indian</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Lydia</u> b. (Middle) <u>George</u> c. (Last) <u>Indian</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>31</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fort Hall, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Lydia Stone</u> Mother			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>9</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>4/29/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) 20a. FETAL CAUSES <u>HE stillbirth to this mother - cause unknown</u> 20b. MATERNAL CAUSES <u>possible (a) r. H. m. r. p. (b) Lues.</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>brach delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:40 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>H. O. Hartwigson</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>May 5, 1952</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Allen J. Manning</u> TITLE <u>Health Officer</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>April</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fort Hall Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Fort Hall Idaho</u>
DATE REC'D BY LOCAL REG. <u>MAY 1 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Allen J. Manning</u> ADDRESS <u>Hall Street, Pocatello, Idaho</u>	

CERTIFICATE OF BIRTH

State of New York

State of New York

County of New York

City of New York

Birth of

Child of

Parents of

Child of

Parents of

Child of

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Child of

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(1949 Revision of Standard Certificate)

RECEIVED
MAY 12 1952
DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

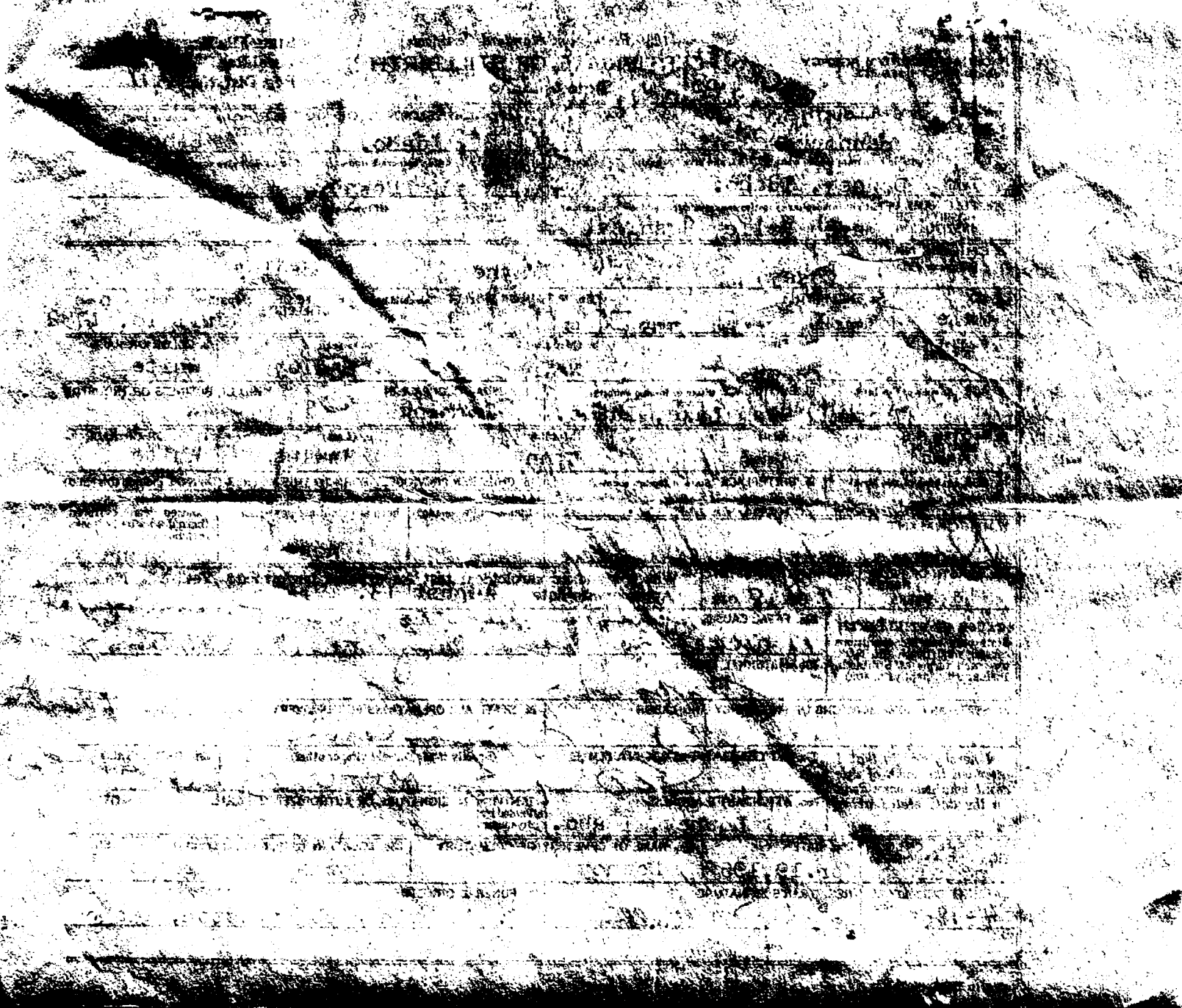
State of Idaho

State File No. 059

Local Reg. No. 137

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downey, Idaho.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downey,</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Marsh Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Casey</u> <u>Wayne</u> <u>Hadley</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 18, 1952</u>
7. FATHER'S NAME a. (First) <u>Thomas</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Hadley</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Swan Lake, Idaho.</u>	11a. USUAL OCCUPATION <u>Farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Donna</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Hawkes</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Arimo, Idaho.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Donna Lynn Hadley</u>			
18a. LENGTH OF PREGNANCY <u>41</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>August 13, 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>asphyxia due to premature separation of placenta before complete dilatation</u>		<u>36.2</u>	
20a. FETAL CAUSES <u>none</u>		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Forceps & traction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M.D., midwife, or other)	
23b. DATE SIGNED <u>4.21.52</u>		23c. ATTENDANT'S ADDRESS <u>Downey, Idaho.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>		TITLE <u>[Title]</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Apr. 19, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Downey</u>	25d. LOCATION (City, town, or county) (State) <u>Downey Idaho</u>
DATE REC'D BY LOCAL REG. <u>4-18-52</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR ADDRESS <u>O. Sherwin Webb Preston, Idaho</u>	



RECEIVED STATE OF STILLBIRTH

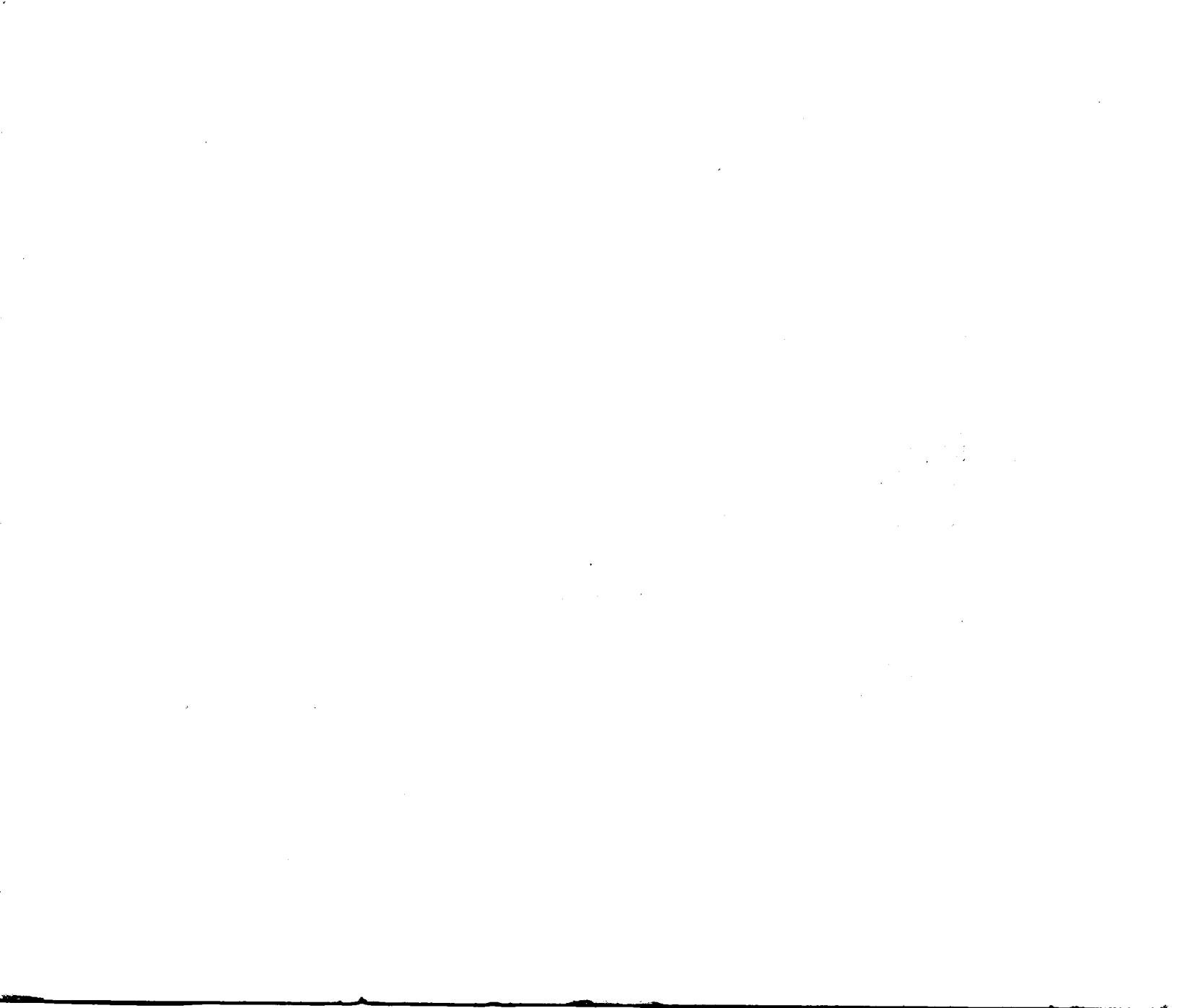
MAY 2 1952 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Benewah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Maries		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrison	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Maries Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Barbara Ellen Rose			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) March 27, 1952
7. FATHER'S NAME a. (First) Douglas b. (Middle) Raymond c. (Last) Rose		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Harrison, Idaho	11a. USUAL OCCUPATION Highway Maintainer	11b. KIND OF BUSINESS OR INDUSTRY State Bureau Hys.
12. MOTHER'S MAIDEN NAME a. (First) Lucille b. (Middle) Sylvia c. (Last) Rose		13. COLOR OR RACE White	
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Harrison, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Mr. & Mrs. Douglas Rose			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. 36.2 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date August, 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature separation of placenta		
	20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Severe fall		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE B. A. Kapp M.D.	23b. DATE SIGNED 3-28-52
23c. ATTENDANT'S ADDRESS St. Maries, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL H. E. W. W. W.	TITLE MD
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 3-29-52	25c. NAME OF CEMETERY OR CREMATORY Harrison	25d. LOCATION (City, town, or county) (State) Harrison Idaho
DATE REC'D BY LOCAL REG. 3/31/52	REGISTRAR'S SIGNATURE Exp. L. Brebner	26. FUNERAL DIRECTOR H. E. W. W. W.	ADDRESS St. Maries, Ida.

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED of Idaho

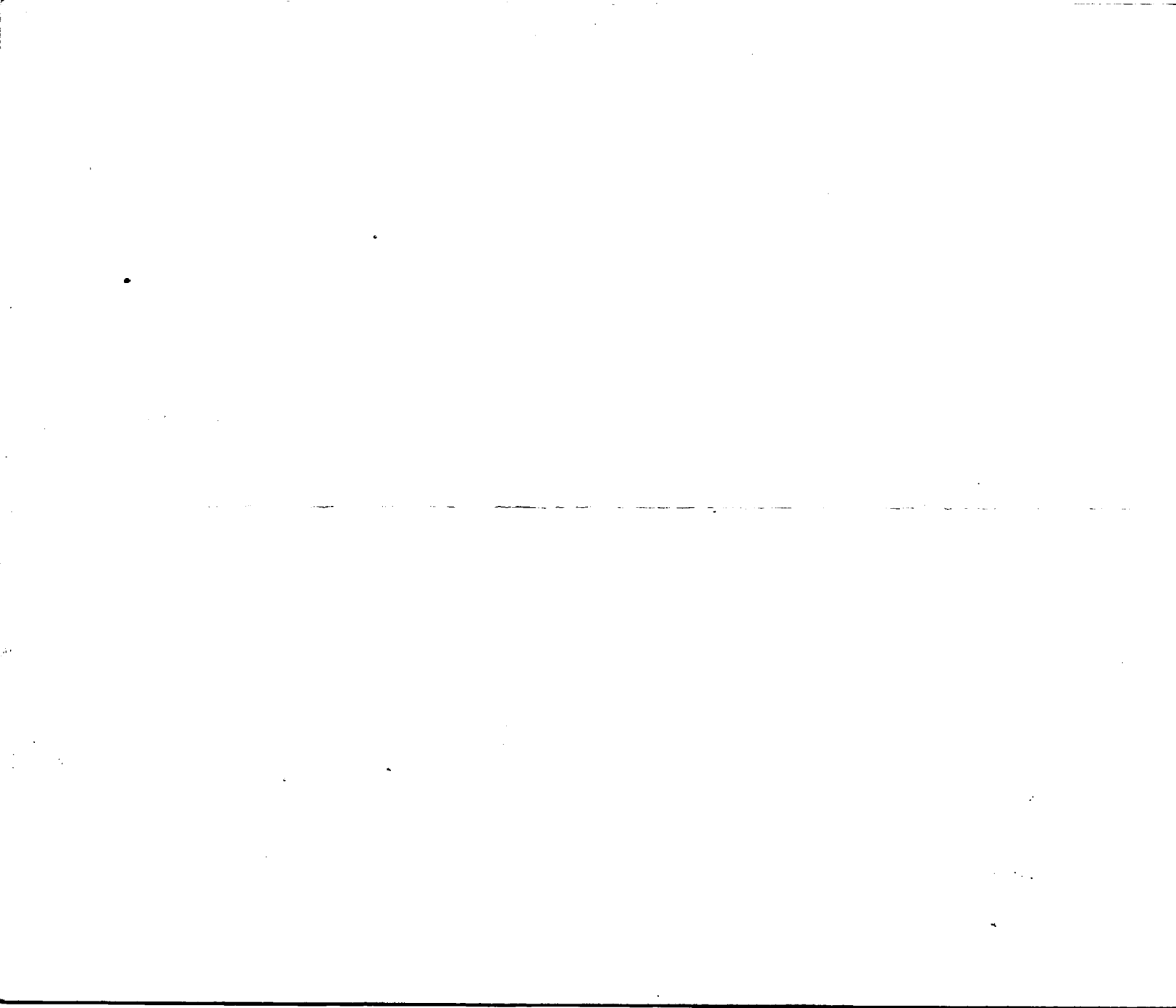
State File No. 021
Local Reg. No. 15
Reg. Dist. No. 410

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u> DIVISION OF VITAL		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carey</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carey</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Blaine L.H.</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	
3. CHILD'S NAME (Type or Print) <u>Still Born</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 27 / 52</u>
7. FATHER'S NAME a. (First) <u>Lyndon</u> b. (Middle) <u>Sloanford</u> c. (Last) <u>Thomson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Carey Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Crops & Animal</u>
12. MOTHER'S MAIDEN NAME <u>Elizabeth</u> a. (First) b. (Middle) c. (Last) <u>Coltrou</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Burley Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>7</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>9m</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb / 1942</u> <u>Y 38.13</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Entire top of head gone from just above eyes ears</u>	
		20b. MATERNAL CAUSES <u>Unknown if any</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none at all</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Delivered in 1/2 hour normal</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:35</u> a. m.		23a. ATTENDANT'S SIGNATURE <u>Elspenshaw M.D.</u> (Specify if M. D., midwife, or other)	
23b. DATE SIGNED <u>April 10 / 52</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Friends of Parents.</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Nov 27 / 52</u>	25b. DATE <u>Nov 27 / 52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Carey</u>	25d. LOCATION (City, town, or county) (State) <u>Carey Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr. 15 - 1952 Robert H. Wright per</u>		26. FUNERAL DIRECTOR <u>Friends of Parents.</u> ADDRESS <u>630.</u>	



CERTIFICATE OF STILLBIRTH
State of Idaho

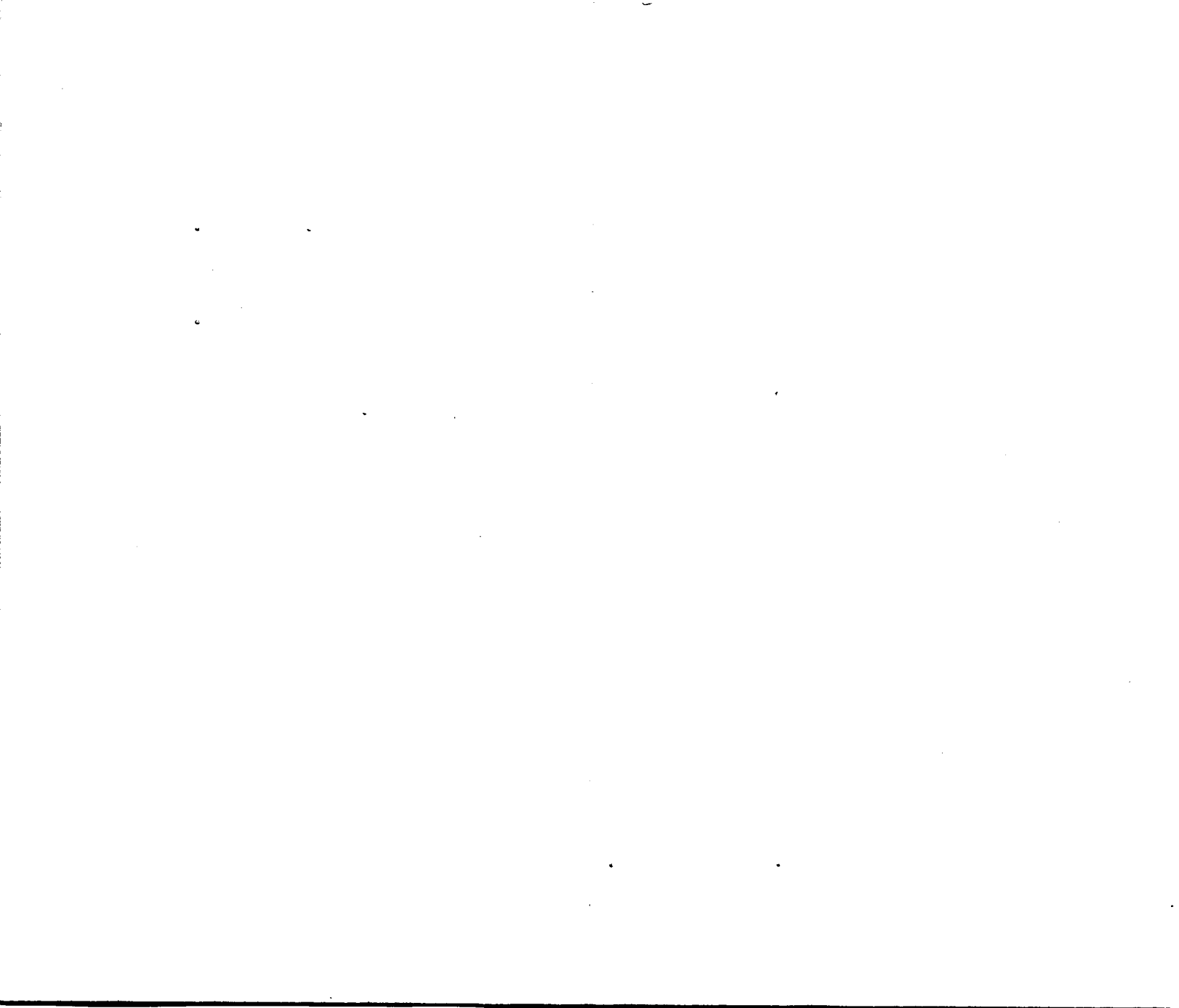
1. PLACE OF STILLBIRTH a. COUNTY Bonneville b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sacred Heart		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE New York b. COUNTY New York c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York d. STREET ADDRESS (If rural, give location) 636 W. 172 nd Street	
3. CHILD'S NAME (Type or Print) INFANT BIANCO			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 17 1952
7. FATHER'S NAME a. (First) Ernest b. (Middle) Gilbert c. (Last) Bianco		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) New York	11a. USUAL OCCUPATION Chemist	11b. KIND OF BUSINESS OR INDUSTRY Chemical Production
12. MOTHER'S MAIDEN NAME a. (First) Mary b. (Middle) Ellen c. (Last) Healy		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) New York	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT James C. Bianco			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 15 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4/36.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) X		20a. FETAL CAUSES X massive Placental infarction. 20b. MATERNAL CAUSES X none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:50 P. m.		23. ATTENDANT'S SIGNATURE JACK R. Carey M.D. (Specify if M. D., midwife, or other) M. D.	23b. DATE SIGNED 4/19/52
23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician Idaho Falls, Idaho	TITLE Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE April 19, '52	25c. NAME OF CEMETERY OR CREMATORY Rose Hill	25d. LOCATION (City, town, or county) (State) Idaho Falls Idaho
DATE REC'D BY LOCAL REG. April 23-1952	REGISTRAR'S SIGNATURE Lena Bridges	26. FUNERAL DIRECTOR Oland L. Beck	ADDRESS Idaho Falls, Idaho



RECEIVED
APR 25 1952
Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho
DIVISION OF VITAL STATISTICS

State File No. 073
Local Reg. No.
Reg. Dist. No. 1

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) 514 17th. Ave So.	
3. CHILD'S NAME (Type or Print) TERENCE EUGENE JONES			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Apr. 8 1952
7. FATHER'S NAME Blair	a. (First)	b. (Middle)	c. (Last) Jones
8. COLOR OR RACE White			
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Indiana	11a. USUAL OCCUPATION Service Sta. Operator	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME Rosemary	a. (First)	b. (Middle)	c. (Last) Criss
13. COLOR OR RACE White			
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 37 WEEKS	18b. WEIGHT AT BIRTH not wgt LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown - fetal death occurred 4 days prior to delivery.		
	20b. MATERNAL CAUSES Placenta Praevia		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Placenta Praevia Central.		22. STATE ALL OPERATIONS FOR DELIVERY Caesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE W.B. Rose		23b. DATE SIGNED 4/17/52
	23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL John F. Alsip, Jr.
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Apr. 8, 1952	25c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
25d. LOCATION (City, town, or county) Nampa		25e. LOCATION (State) Idaho	
DATE REC'D BY LOCAL REG. April 23, 1952		REGISTRAR'S SIGNATURE Mrs. James Stead	
26. FUNERAL DIRECTOR John F. Alsip, Jr.		ADDRESS Nampa, Idaho	
Alsip Funeral Home			



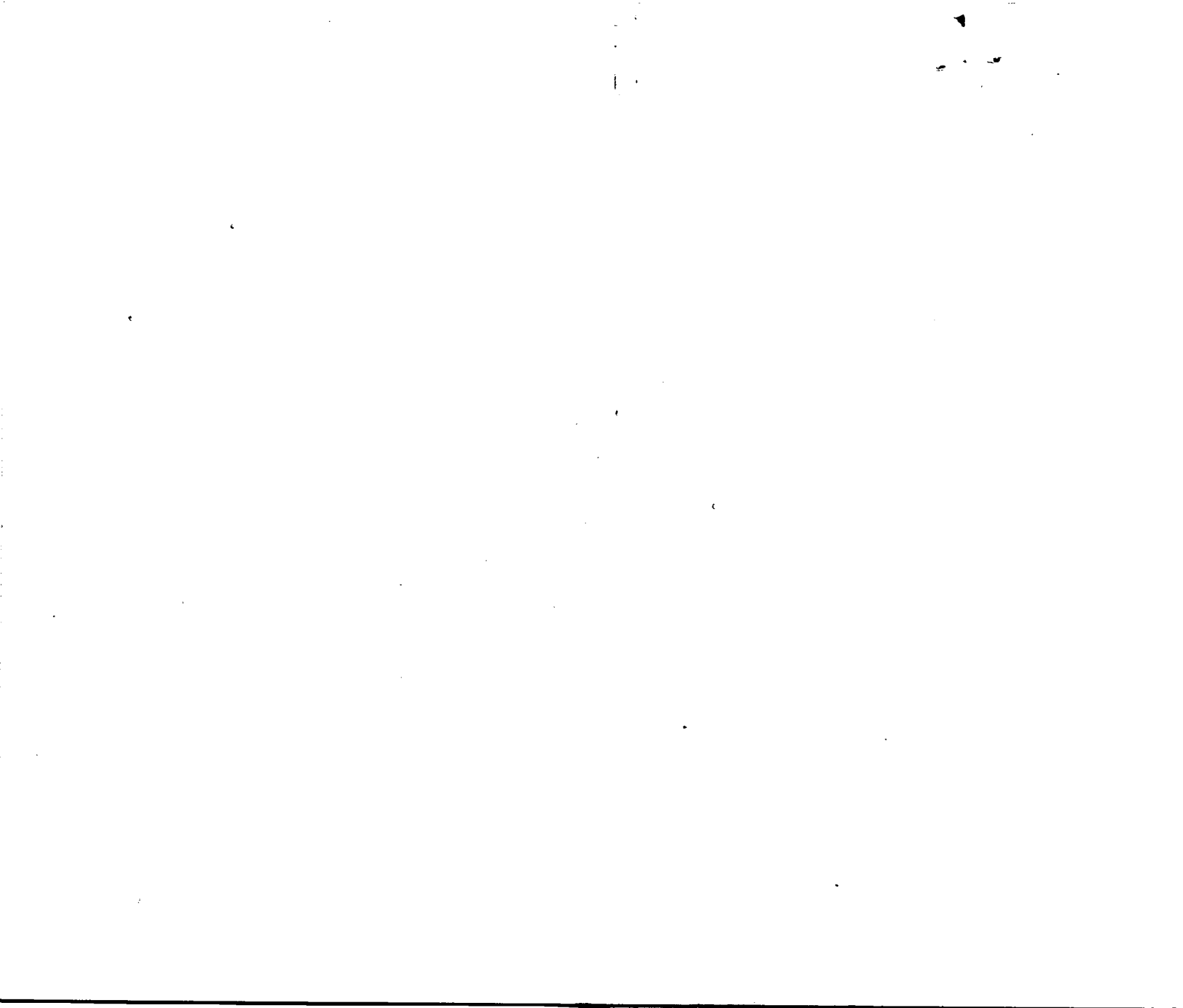
RECEIVED

CERTIFICATE OF STILLBIRTH

State of Idaho

APR 25 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Cassia</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Cassia</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cottage Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1550 Hansen Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Knocke</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>April 13, 1952</u>
7. FATHER'S NAME a. (First) <u>Louis</u> b. (Middle) <u>G</u> c. (Last) <u>Knocke</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mountain Home, Idaho</u>	11a. USUAL OCCUPATION <u>Chemist</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mill</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ada</u> b. (Middle) <u>Mae</u> c. (Last) <u>Tanner</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>One</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT X <u>Louis C. Knocke</u> <u>1550 HANSEN</u> <u>BURLEY, IDA.</u>			
18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-21-51</u> <u>y 34.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature</u>		
	20b. MATERNAL CAUSES <u>Transverse Presentation</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Transverse Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Vorhees Bag induction follow Bag H2O</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23. ATTENDANT'S ADDRESS <u>Burley Idaho</u>		23b. DATE <u>15 April 52</u>
	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Thos H. Johnson M.D.</u>		TITLE <u>Physician</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>4-15-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Oakley Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Oakley, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Apr. 19, 1952</u>	REGISTRAR'S SIGNATURE <u>W. B. Nelson</u>	26. FUNERAL DIRECTOR <u>Thos B. McCulloch</u>	ADDRESS <u>Burley, Idaho</u>



(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 075
Local Reg. No. 33
Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) Burley		c. CITY (If outside corporate limits, write RURAL and give township) Burley	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 1358 Burton Ave.	
3. CHILD'S NAME (Type or Print) Baby Barlow			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) April 22, 1952
7. FATHER'S NAME a. (First) Kimber b. (Middle) Ray c. (Last) Barlow		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Burley, Idaho	11a. USUAL OCCUPATION Stockman	11b. KIND OF BUSINESS OR INDUSTRY Livestock
12. MOTHER'S MAIDEN NAME a. (First) Francis b. (Middle) Charles c. (Last) Mc Donald		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Kimber Barlow</i>			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4 Feb 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Promotional Birth - Anemia</i>	
		20b. MATERNAL CAUSES <i>Undetermined</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Promotional Birth</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Manual Removal of Placenta</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>John H. Peterson</i> (Specify if M. D., midwife, or other) MD	
23c. ATTENDANT'S ADDRESS <i>Burley, Idaho</i>		23b. DATE SIGNED 23 April 1952	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. Garth Payne</i>		TITLE Burley	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4/22/52	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REGISTRARS SIGNATURE Apr. 28 1952 <i>W. J. Wilson</i>		26. FUNERAL DIRECTOR <i>J. Garth Payne</i>	

JAN 11 2012

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 076
Local Reg. No. 19
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u> d. STREET ADDRESS <u>11th Street</u>	
3. CHILD'S NAME (Type or Print) <u>Janice Christine Jones</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>March 24 1952</u>
7. FATHER'S NAME a. (First) <u>Leslie</u> b. (Middle) <u>D</u> c. (Last) <u>Jones</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Las Vegas Montana</u>	
11a. USUAL OCCUPATION <u>Surveyor</u>		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Doris</u> b. (Middle) <u>C</u> c. (Last) <u>Christensen</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Chicago Ill.</u>	
17. INFORMANT <u>Leslie D. Jones</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY <u>31</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11-9-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature Separation of Placenta (13 days)</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:15 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Carroll M. Elmore M.D.</u> 23b. DATE SIGNED <u>4/2/52</u> 23c. ATTENDANT'S ADDRESS <u>Rupert, Idaho</u> If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Leslie D. Jones</u>		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	25b. DATE <u>Mar 25</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>4/2/52</u>	REGISTRAR'S SIGNATURE <u>C. M. Elmore, Deputy</u>	26. FUNERAL DIRECTOR <u>Goodman Mortuary</u> ADDRESS <u>Rupert Idaho</u>	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE

January 1, 1900

REPORT OF THE COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY: JAMES B. LEECH, STATE PRINTER, 1900.

Price, 10 CENTS.

For sale by the State Printer.

By mail, 15 CENTS.

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By registered mail, 85 CENTS.

By registered mail, 90 CENTS.

By registered mail, 95 CENTS.

By registered mail, 1.00.

By registered mail, 1.05.

By registered mail, 1.10.

By registered mail, 1.15.

By registered mail, 1.20.

By registered mail, 1.25.

By registered mail, 1.30.

By registered mail, 1.35.

By registered mail, 1.40.

By registered mail, 1.45.

By registered mail, 1.50.

By registered mail, 1.55.

By registered mail, 1.60.

By registered mail, 1.65.

By registered mail, 1.70.

By registered mail, 1.75.

By registered mail, 1.80.

By registered mail, 1.85.

By registered mail, 1.90.

By registered mail, 1.95.

By registered mail, 2.00.

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 057
Local Reg. No. 18
Reg. Dist. No. KS 9

1. PLACE OF STILLBIRTH
a. COUNTY Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) Rupert
c. FULL NAME OF HOSPITAL OR INSTITUTION Christensen Nursing Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 614 4th Street South

3. CHILD'S NAME
(Type or Print)

4. SEX M **5a. THIS BIRTH** SINGLE ☐ TWIN ☒ TRIPLET ☐ **5b. IF TWIN OR TRIPLET** (This child born) 1ST ☒ 2ND ☐ 3RD ☐ **6. DATE OF STILLBIRTH** (Month) (Day) (Year) 3 - 31 - 52

7. FATHER'S NAME
a. (First) Harold b. (Middle) Julius c. (Last) Neuleman **8. COLOR OR RACE** White

9. AGE (At time of this birth) 28 YEARS **10. BIRTHPLACE** (State or foreign country) Rupert, Idaho **11a. USUAL OCCUPATION** Laborer **11b. KIND OF BUSINESS OR INDUSTRY** Farming

12. MOTHER'S MAIDEN NAME
a. (First) Ramona b. (Middle) Jensen c. (Last) Jensen **13. COLOR OR RACE** White

14. AGE (At time of this birth) 16 YEARS **15. BIRTHPLACE** (State or foreign country) Rupert, Idaho **16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER** (Do NOT include this child)
a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT
Mr. Ramona Jensen

18a. LENGTH OF PREGNANCY 23 WEEKS **18b. WEIGHT AT BIRTH** 1 LBS. 3 OZS. **19. Was a standard serological test for syphilis performed?** Yes ☒ No ☐ Approximate date 2/4/52 y 39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES Anoxia during labor.
20b. MATERNAL CAUSES Premature onset of labor.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None **22. STATE ALL OPERATIONS FOR DELIVERY** None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:35 P. m.

23a. ATTENDANT'S SIGNATURE (Specify if M. D., and wife, or other) Carroll M. Elmore M.D. **23b. DATE SIGNED** 4/2/52

23c. ATTENDANT'S ADDRESS Rupert, Idaho **IF NOT attended by physician** **24. SIGNATURE OF AUTHORIZED OFFICIAL** **TITLE**

25a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial **25b. DATE** 4-2-52 **25c. NAME OF CEMETERY OR CREMATORY** Rupert Cemetery **25d. LOCATION** (City, town, or county) (State) Rupert Ida

DATE REC'D BY LOCAL REG. 4/2/52 **REGISTRAR'S SIGNATURE** Carroll M. Elmore, Deputy **26. FUNERAL DIRECTOR** Claw Goodman **ADDRESS** Rupert Ida

STATE OF NEW YORK

IN SENATE

January 1, 1901

REPORT OF THE

COMMISSIONER OF

THE LAND OFFICE

FOR THE YEAR

1901

STATE

OF

NEW

YORK

IN

SENATE

AND

ASSEMBLY

1901

1901

1901

1901

1901

1901

1901

1901

1901

RECEIVED
MAY 12 1952
DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 078
Local Reg. No. 12
Reg. Dist. No. 450

1. PLACE OF STILLBIRTH a. COUNTY <u>Minidoka</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Minidoka</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rupert</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christensen Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>614 4th Street South</u>	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>3 - 31 - 52</u>
7. FATHER'S NAME a. (First) <u>Harold</u> b. (Middle) <u>Julius</u> c. (Last) <u>Meuleman</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rupert, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ramona</u> b. (Middle) <u>-</u> c. (Last) <u>Jensen</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>16</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rupert, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs Ramona Jensen</u>			
18a. LENGTH OF PREGNANCY <u>23</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>3</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>2/4/52</u> <u>y 39.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Anoxia during labor.</u> 20b. MATERNAL CAUSES <u>Premature onset of labor.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:45 P</u> m.		23a. ATTENDANT'S SIGNATURE <u>Canoll M. Elmore, M.D.</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>4/2/52</u> 23c. ATTENDANT'S ADDRESS <u>Rupert, Idaho</u> 23d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>	
25a. BURNAL, CREMA-TION, REMOVAL (Specify)	25b. DATE <u>4-2-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rupert Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Rupert Idaho</u>
DATE REC'D BY LOCAL REG. <u>4/2/52</u>	REGISTRAR'S SIGNATURE <u>M. Elmore, Registrar</u>	26. FUNERAL DIRECTOR <u>Goodman</u> ADDRESS <u>Rupert Idaho</u>	

CERTIFICATE OF EVIDENCE

State of Iowa

County of _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

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DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

FILE NO. _____

DATE _____

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

RECEIVED of Idaho

State File No. 079

Local Reg. No. 75

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH

a. COUNTY

May Per DIVISION OF VITAL

APR 28 1952

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

Idaho

May Per

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Lewiston

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Lewiston

c. FULL NAME OF HOSPITAL OR INSTITUTION

St Joseph's

d. STREET ADDRESS

(If rural, give location)

3. CHILD'S NAME

(Type or Print)

CHARLINE MILES

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

April 16 52

7. FATHER'S NAME

a. (First)

b. (Middle)

c. (Last)

8. COLOR OR RACE

Rudolph

Miles

Indian

9. AGE (At time of this birth)

26 YEARS

10. BIRTHPLACE (State or foreign country)

Webb Idaho

11a. USUAL OCCUPATION

Labor

11b. KIND OF BUSINESS OR INDUSTRY

Farm

12. MOTHER'S MAIDEN NAME

a. (First)

b. (Middle)

c. (Last)

13. COLOR OR RACE

Romana

Penney

Indian

14. AGE (At time of this birth)

19 YEARS

15. BIRTHPLACE (State or foreign country)

Lapwai Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

1

b. How many children were born alive but are now dead?

-

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Mrs. Inez Engel

18a. LENGTH OF PREGNANCY

Term WEEKS

18b. WEIGHT AT BIRTH

7 LBS. 4 OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

y 36.0

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Prolapsed Umbilical cord with compression & foetal asphyxiation

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

M. J. McRae M.D.

23b. DATE SIGNED

4-18-52

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

April 18 52

25c. NAME OF CEMETERY OR CREMATORY

Webb

25d. LOCATION (City, town, or county)

Webb

(State)

Idaho

DATE REC'D BY LOCAL

April 18, 1952

REGISTRAR'S SIGNATURE

Jean Wegelin

26. FUNERAL DIRECTOR

ADDRESS

Andrew F. Vassar - Lewiston

CERTIFICATE OF NATURALIZATION

U.S. DEPARTMENT OF JUSTICE

NAME OF APPLICANT		DATE OF BIRTH	
JAMES EARL RAY		APRIL 14, 1928	
STATE	CITY	COUNTY	STATE
MISSISSIPPI	MEMPHIS	SHELBY	MISSISSIPPI
RESIDENCE		DATE OF ARRIVAL IN U.S.	
MEMPHIS, TENNESSEE		APRIL 14, 1958	
OCCUPATION		EDUCATION	
FARMER		HIGH SCHOOL	
MARRIED		SINGLE	
YES		NO	
NAME OF SPOUSE		DATE OF MARRIAGE	
JANE E. RAY		APRIL 14, 1958	
CHILDREN		DATE OF BIRTH	
NONE		NONE	
MILITARY SERVICE		DATE OF SERVICE	
NONE		NONE	
REMARKS		DATE OF NATURALIZATION	
APPLICANT IS A NATURAL BORN CITIZEN OF THE UNITED STATES		APRIL 14, 1958	
SIGNATURE OF APPLICANT		SIGNATURE OF OFFICIAL	
JAMES EARL RAY		[Signature]	
DATE		DATE	
APRIL 14, 1958		APRIL 14, 1958	

RECEIVED

APR 19 1952

DIVISION OF VITAL

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 030

Local Reg. No. 28

Reg. Dist. No. 820

1. PLACE OF STILLBIRTH a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Weiser	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Weiser Memorial		d. STREET ADDRESS (If rural, give location) Rt. # 2	
3. CHILD'S NAME (Type or Print) Baby Girl Thomas			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4 - 11 - 52
7. FATHER'S NAME a. (First) Harry b. (Middle) R. c. (Last) Thomas		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Balko, Okla.	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Own Farm
12. MOTHER'S MAIDEN NAME a. (First) Geneva b. (Middle) M. c. (Last) Kendall		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Seattle, Wash.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Harry R. Thomas			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Krust in Umbilical Cord	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D. [Signature] 23b. DATE SIGNED 4-11-52	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 4-12-52	25c. NAME OF CEMETERY OR CREMATORY Millcrest	25d. LOCATION (City, town, or county) (State) Weiser, Idaho
DATE REC'D BY LOCAL REG. 4-11-52	REGISTRAR'S SIGNATURE Marie Faulhorn	26. FUNERAL DIRECTOR R. Dale [Signature] ADDRESS Weiser, Idaho	

UNITED STATES DEPARTMENT OF JUSTICE

211 of 1000

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10-10-00 BY 60322 UCBAW/STP

RECEIVED
FBI
OCT 10 1960

TO DIRECTOR, FBI (100-371000) FROM SAC, NEW YORK (100-100000) (P)
SUBJECT: [REDACTED]

RE NEW YORK TELETYPE TO BUREAU, OCTOBER 9, 1960.
[REDACTED]

ON OCTOBER 8, 1960, [REDACTED] ADVISED THAT [REDACTED]
[REDACTED]

IT WAS STATED THAT [REDACTED] HAD BEEN ADVISED BY [REDACTED]
[REDACTED]

THE SOURCE STATED THAT [REDACTED] HAD BEEN ADVISED BY [REDACTED]
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THE SOURCE STATED THAT [REDACTED] HAD BEEN ADVISED BY [REDACTED]
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THE SOURCE STATED THAT [REDACTED] HAD BEEN ADVISED BY [REDACTED]
[REDACTED]

THE SOURCE STATED THAT [REDACTED] HAD BEEN ADVISED BY [REDACTED]
[REDACTED]

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
RECEIVED State of Idaho

State File No. 001
Local Reg. No. 169
Reg. Dist. No. 372

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL or TOWN) <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 8 Lynwood Drive</u>	
3. CHILD'S NAME (Type or Print) <u>James Patrick Carlson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 9 1952</u>
7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) <u>Edward</u> c. (Last) <u>Carlson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bozay Minn.</u>	11a. USUAL OCCUPATION <u>L.P. Gas Service</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>L. P. Gas</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Eleanore</u> b. (Middle) <u>Irene</u> c. (Last) <u>Ruotsala</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Grand Rapids, Minn.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Donald Carlson</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Asphyxia due to knot in cord.</u>		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8 am.</u>		23a. ATTENDANT'S SIGNATURE <u>Mary D. Submumborn MD</u> 23b. DATE SIGNED <u>5-12-52</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert A. Gibson</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 10 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Marion Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Ida.</u>
DATE REC'D BY LOCAL REG. <u>5-13-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR ADDRESS <u>Schreiber-McCann-Gibson--Boise</u>	

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THE UNIVERSITY OF CHICAGO

CLERK OF DISTRICT COURT

FOUO: CONFIDENTIAL TO BRANCHES

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4-10-60 10:00 AM

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EDUCATION DEPARTMENT

1950年12月

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100-443887-100

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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5. *Staphylococcus aureus*

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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RECEIVED
CERTIFICATE OF STILLBIRTH

MAY 28 1952

State of Idaho

State File No. 052
Local Reg. No. 182
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> STATE <u>Idaho</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>R.D. # 4</u>	
3. CHILD'S NAME (Type or Print) <u>DONATA KAY OLDMAN</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 10 1952</u>
7. FATHER'S NAME <u>Donald C. Oldham</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>26</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Seagoville, Texas</u>	11a. USUAL OCCUPATION <u>Dairyman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Allenbaugh Dairy</u>
12. MOTHER'S MAIDEN NAME <u>La Vonne May Leetch</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Iowa</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Donald C. Oldham</u> <u>R.D. # 4, Boise, Idaho</u>		18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	
18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>6</u> OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>5-12-52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>not known</u>		20a. FETAL CAUSES <u>not known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Mrs. D. Dubmandsen M.D.</u>		23b. DATE SIGNED <u>5-12-52</u>	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE <u>Clyde E. Summers</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>May 12 1952</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Memorial Park</u>		25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>5-27-52</u>		REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	
26. FUNERAL DIRECTOR <u>Summers Funeral Home</u>		ADDRESS <u>Boise, Idaho</u>	

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RECEIVED (Division of Standard Certificate)
JUN 7 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 053
Local Reg. No. 190
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Alphonsus Hospital.</u>		d. STREET ADDRESS (If rural, give location) <u>2000. Warm Springs. Avenue.</u>	
3. CHILD'S NAME (Type or Print) <u>JAMES HAMPTON HELSPER.</u>			
4. SEX <u>Male.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May. 17. 1952.</u>
7. FATHER'S NAME a. (First) <u>Dale</u> b. (Middle) <u>Hampton</u> c. (Last) <u>Helsper.</u>		8. COLOR OR RACE <u>White.</u>	
9. AGE (At time of this birth) <u>41.</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Elwood, Indiana.</u>	11a. USUAL OCCUPATION <u>Investigator, Department of Labor.</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Lucy</u> b. (Middle) <u>Mae</u> c. (Last) <u>Green</u>		13. COLOR OR RACE <u>White.</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None.</u> b. How many children were born alive but are now dead? <u>None.</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None.</u>	
17. INFORMANT <u>Dale H. Helsper 2000 Warm Springs Ave Boise, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>6 3/4</u> LBS. <u>6 3/4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>5/36/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Report from autopsy not back yet.</u>		20a. FETAL CAUSES <u>Marginal Placenta previa & perimission operation</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none except</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:35 P</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John E. Summers M.D.</u>	
23b. DATE SIGNED <u>5/26/52</u>		23c. ATTENDANT'S ADDRESS <u>Meridian Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>		23e. TITLE <u>Summers Funeral Home, Boise, Idaho.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation.</u>	25b. DATE <u>May. 20. 1952.</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Portland, Oregon.</u>	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>6-5-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Clayton E. Summers</u>	

UNITED STATES OF AMERICA

DEPARTMENT OF AGRICULTURE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 834Local Reg. No. 183Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1016 Cahoon</u>	
3. CHILD'S NAME (Type or Print) <u>Brent Johnson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May 26 52</u>
7. FATHER'S NAME a. (First) <u>Perry</u> b. (Middle) <u>Johnson</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Grand Junction, Colo.</u>	11a. USUAL OCCUPATION <u>Real Estate</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Esther</u> b. (Middle) <u>Black</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Antimony, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Esther Johnson</u> Mother			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 1951</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Strangulation from umbilical cord around neck</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Shoulder & hand presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Reduction of shoulder presentation</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:57 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>R. L. L. M.D.</u>	
23b. DATE SIGNED <u>5-28-52</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 28, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>JUN 10 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>James L. L. L.</u>	ADDRESS <u>Pocatello, Idaho</u>

1950

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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~~CONFIDENTIAL~~

CERTIFICATE OF STILLBIRTH

State of Idaho

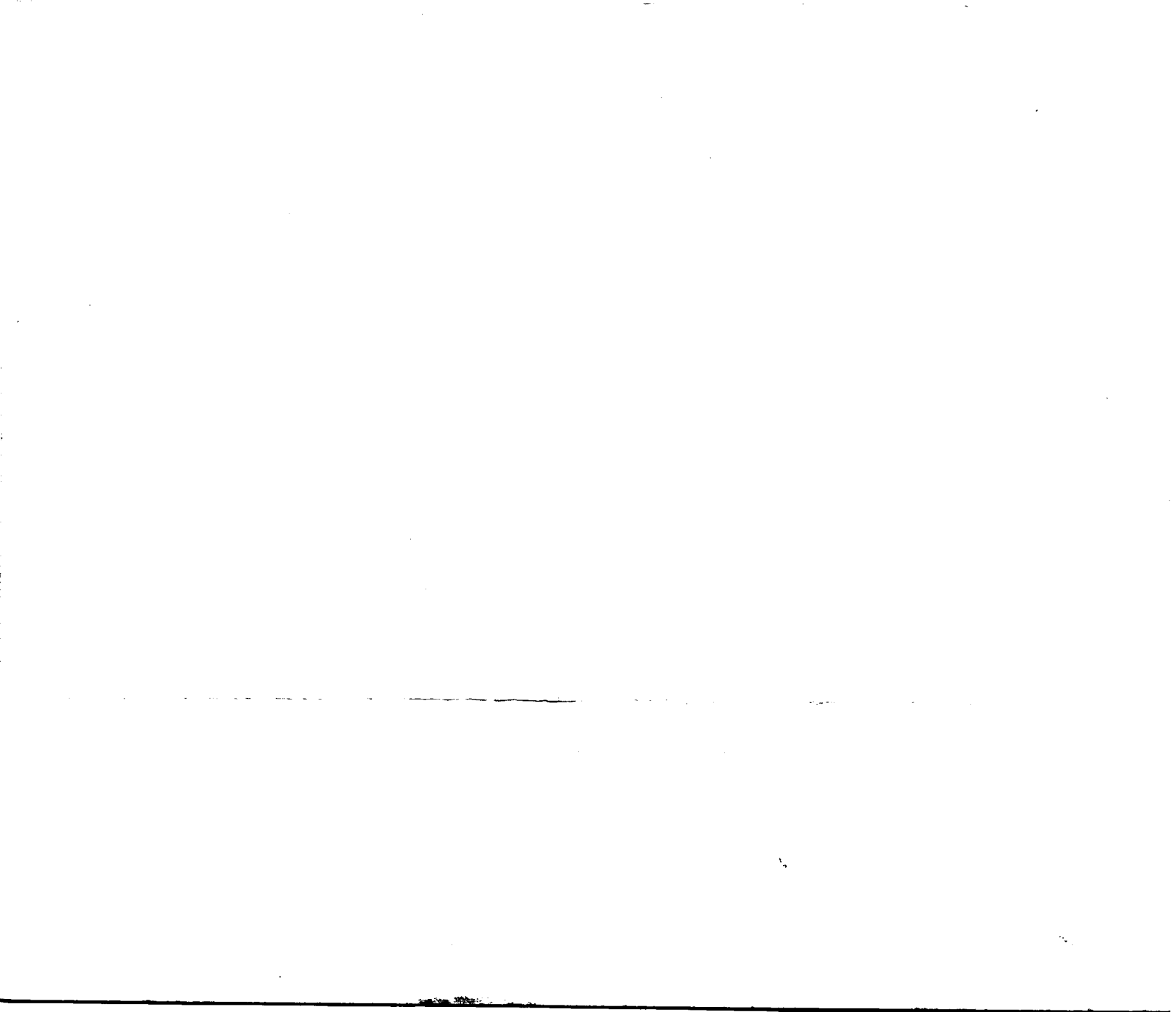
MAY 24 1952

1. PLACE OF STILLBIRTH a. COUNTY <i>Bear Lake</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bear Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Montpelier Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Logansport Idaho</i>	
d. STREET ADDRESS (If rural, give location) <i>Bear Lake Memorial Hospital</i>			
3. CHILD'S NAME (Type or Print) <i>Baby Faye</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 12, 1952</i>
7. FATHER'S NAME a. (First) <i>Le Roy</i> b. (Middle) <i>Henry</i> c. (Last) <i>Faye</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>37</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Logansport Idaho</i>	11a. USUAL OCCUPATION <i>Farming</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Arlene</i> b. (Middle) <i>Wylene</i> c. (Last) <i>White</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>32</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Paris, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Le Roy Faye</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH <i>6</i> LBS. <i>7</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>2.15.52</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Unknown</i>	
		20b. MATERNAL CAUSES <i>Early toxemia of pregnancy</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>1:40 P. m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>R. B. Lindsay, M.D.</i>	
23b. DATE SIGNED <i>5/17/52</i>		23c. ATTENDANT'S ADDRESS <i>Montpelier Idaho</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. H. Macey</i>		TITLE <i>State Registrar</i>	
25a. BURIAL CREMATION, REMOVAL (Specify)	25b. DATE <i>May 12, 1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Logansport Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Logansport Idaho</i>
DATE REC'D BY LOCAL REG. <i>May 12, 1952</i>	26. FUNERAL DIRECTOR <i>Phil Matthews</i>	ADDRESS <i>Montpelier Idaho</i>	

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
HECE State of Idaho

State File No.
Local Reg. No.
Reg. Dist. No. 47

1. PLACE OF STILLBIRTH a. COUNTY BLAINE		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY BLAINE	
b. CITY OR TOWN HAILEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLEVUE	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION HAILEY CLINICAL		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) MARY ANN KAUFMAN			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 4-17-52
7. FATHER'S NAME a. (First) WILLIAM b. (Middle) HUGH c. (Last) KAUFMAN		8. COLOR OR RACE W.	
9. AGE (At time of this birth) 49 YEARS	10. BIRTHPLACE (State or foreign country) SLIPPERY ROCK PA.	11a. USUAL OCCUPATION MINER	11b. KIND OF BUSINESS OR INDUSTRY LEAD-SILVER
12. MOTHER'S MAIDEN NAME a. (First) MARTHA b. (Middle) ANN c. (Last) IVIE		13. COLOR OR RACE W.	
14. AGE (At time of this birth) 39 YEARS	15. BIRTHPLACE (State or foreign country) DUCHSNE UTAH	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT W. Kaufman		18. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb. 1, 1952	
18a. LENGTH OF PREGNANCY 42 WEEKS	18b. WEIGHT AT BIRTH 11 LBS. 9 OZS.	19. y 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Left medical spirit	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE L. G. Danah (Specify M.D., midwife, or other) 23b. DATE SIGNED 24 April 52	
23c. ATTENDANT'S ADDRESS San J. Salas		24. SIGNATURE OF AUTHORIZED OFFICIAL Robert H. Wright TITLE REG. DIR.	
25a. BURIAL OR CREMATION, REMOVAL (Specify) 4-19-52	25b. DATE 4-19-52	25c. NAME OF CEMETERY OR CREMATORY BELLEVUE	25d. LOCATION (City, town, or county) (State) BELLEVUE IDAHO
DATE REC'D BY LOCAL May 15-1952		26. FUNERAL DIRECTOR Ray Mc Goldrick ADDRESS Hailey	



RECEIVED (1949 Revision of Standard Certificate)
JUN 12 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No.
Local Reg. No. 89
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Route - 1</u>	
3. CHILD'S NAME (Type or Print) <u>James Edward Kemper Jr.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>May-6-1952</u>
7. FATHER'S NAME a. (First) <u>James</u> b. (Middle) <u>Edward</u> c. (Last) <u>Kemper</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>38</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Ida.</u>	11a. USUAL OCCUPATION <u>Farming-Ranching</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Ellen</u> b. (Middle) <u>Ile</u> c. (Last) <u>Reddish</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>James E. Kemper</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Constriction Umbilical cord & subsequent asphyxia</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>J. Davis</u> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <u>5/21/52</u>	
23c. ATTENDANT'S ADDRESS <u>Idaho Falls, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL CREMATION/REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>May 8-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>May 24-1952</u>		26. FUNERAL DIRECTOR <u>L. A. Theiss</u> ADDRESS <u>Idaho Falls</u>	

STATE OF NEW YORK
IN SENATE
January 1, 1912
REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
ON THE
LANDS BELONGING TO THE STATE
AND THE
LANDS BELONGING TO THE PEOPLE
OF THE STATE OF NEW YORK
IN SENATE
January 1, 1912
COMMISSIONER OF THE LAND OFFICE
ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1912

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JUN 12 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITAL

State of Idaho

State File No. 838

Local Reg. No. 83

Reg. Dist. No. 610

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bonneville	a. STATE	Idaho
b. CITY OR TOWN	Idaho Falls	b. COUNTY	Bonneville
c. FULL NAME OF HOSPITAL OR INSTITUTION	L. D. S.	c. CITY OR TOWN	Idaho Falls
		d. STREET ADDRESS	757 North Water
3. CHILD'S NAME (Type or Print)			
Baby Hovey			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	May 8, 1952
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	d. COLOR OR RACE
Paul	Leslie	Hovey	White
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
27 YEARS	Logan Utah	Budget Ann.	
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First)	b. (Middle)	c. (Last)	d. COLOR OR RACE
Kate	Margaret	Hoffman	White
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
27 YEARS	Logan Utah	a. How many children are now living?	b. How many children were born alive but are now dead?
		None	None
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
Paul L. Hovey		None	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No.....	
WEEKS	LBS. OZS.	Approximate date	
		y 39.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		None	
		20b. MATERNAL CAUSES	
		Hydramniotic fluid toxicity	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
		None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE	
		Milton T. Rees M.D.	
		(Specify H.M.D., midwife, or other)	
		23b. DATE SIGNED	
		May 12, 1952	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL	
Idaho Falls, Idaho		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Removal	5/10/52	Logan	Logan, Utah
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
May 8-1952	Anna Bridger	Thurston Hammon	Bozeman, Idaho

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SECTION 1
T. 12 N. R. 10 E. S. 36
COUNTY OF ... STATE OF ...

FILE NO. ...
DATE ...

TO THE LAND OFFICE ...
FROM THE ...

FOR THE ...

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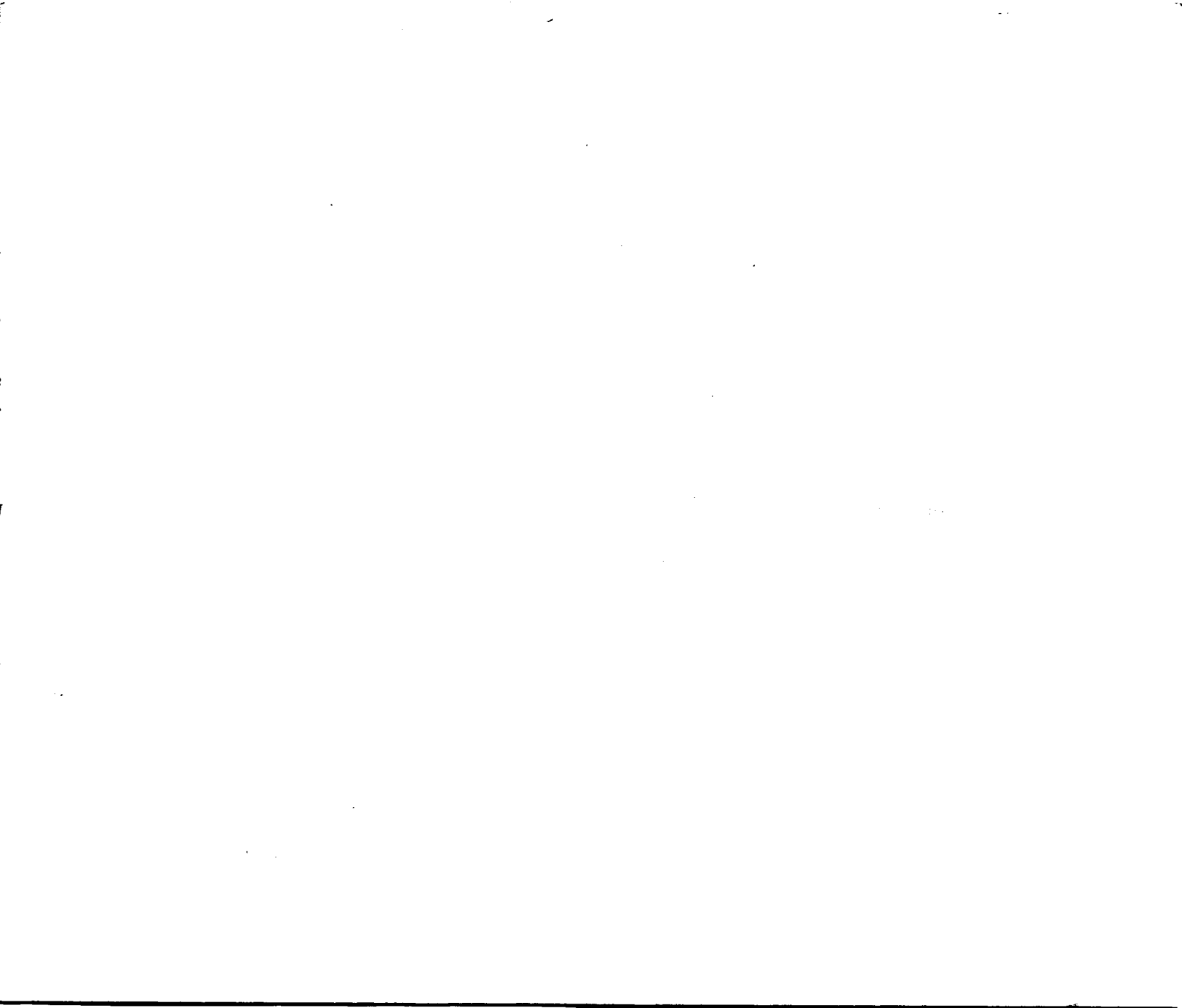
RECEIVED
STATE OF IDAHO
MAY 27 1952
DIVISION OF VITAL STATISTICS

State File No. 039

Local Reg. No. 52

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR Caldwell		c. CITY (If outside corporate limits, write RURAL and give township) OR Parma	
c. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hosp		d. STREET ADDRESS (If rural, give location) Box 304	
3. CHILD'S NAME (Type or Print) Cheryl Fay Gammel			
4. SEX ♀	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 9, 1952
7. FATHER'S NAME a. (First) Harry		b. (Middle) Gammel	
c. (Last) W.		8. COLOR OR RACE	
9. AGE (At time of this birth) 70 YEARS		10. BIRTHPLACE (State or foreign country) Portland Mo. Old age Pension	
11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) Christine		b. (Middle) Kathryn	
c. (Last) Uohnout		13. COLOR OR RACE W	
14. AGE (At time of this birth) 40 YEARS		15. BIRTHPLACE (State or foreign country) Milligan, Neb.	
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 9		b. How many children were born alive but are now dead? 1	
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT Mrs Harry Gammel			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date April 4, 52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES y32.4	
20b. MATERNAL CAUSES Toxemia with mod. hypertension			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:40 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Elizabeth L. Munn MA	
23b. DATE SIGNED 5/10/52		23c. ATTENDANT'S ADDRESS Caldwell, Idaho	
23d. IF NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL E. V. Beckham	
24. TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE May 12-1952	25c. NAME OF CEMETERY OR CREMATORY Parma	25d. LOCATION (City, town, or county) (State) Parma, Idaho
DATE REC'D BY LOCAL REG. 5/24/52	REGISTRAR'S SIGNATURE Agnes Mendenman	26. FUNERAL DIRECTOR Pecham-Dakota Chapel Caldwell, Idaho	



REC'D

JUN 23 1952

(1949 Revision of Standard Certificate)

State File No. 000
Local Reg. No. 32
Reg. Dist. No. 6-5-1

1. PLACE OF STILLBIRTH a. COUNTY <u>Fremont</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Fremont</u>	
b. CITY OR TOWN <u>Ashton</u>		c. CITY OR TOWN <u>Ashton</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ashton Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>4-21-1952</u>
7. FATHER'S NAME a. (First) <u>Callum</u> b. (Middle) <u>Markley</u> c. (Last) <u>Case</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Plainville, Kansas</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Donna</u> b. (Middle) <u>Viole</u> c. (Last) <u>Payne</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Squirrel, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Donna Viole Case</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>11-13-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Single knot tied in cord</u> 20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>La Grange C. Tamm, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Ashton, Idaho</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>None</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>4-26-52</u>		26. FUNERAL DIRECTOR <u>None</u> ADDRESS	

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

DATE

PLACE

PLANT

COLLECTOR

NO.

LOCALITY

PLANT

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LOCALITY

RECEIVED (1949 Revision of Standard Certificate)

JUN 2 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 921

Local Reg. No. 42

Reg. Dist. No. 340541

1. PLACE OF STILLBIRTH a. COUNTY Gem		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gem	
b. CITY OR TOWN Emmett		c. CITY OR TOWN Emmett	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hosp.		d. STREET ADDRESS (If rural, give location) Box 966	
3. CHILD'S NAME (Type or Print) Baby Stanberry			
4. SEX unknown	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) May 17, 1952
7. FATHER'S NAME a. (First) Edwin b. (Middle) Earnest c. (Last) Stanberry		8. COLOR OR RACE white	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Yuma, Colo.	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY wrecking
12. MOTHER'S MAIDEN NAME a. (First) Martha b. (Middle) Elizabeth c. (Last) Crank		13. COLOR OR RACE white	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Emmett, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Edwin Ernest Stanberry			
18a. LENGTH OF PREGNANCY 20 WEEKS	18b. WEIGHT AT BIRTH not weighed LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date the previous examination	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) unknown		20a. FETAL CAUSES unknown	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ronald P. Rawherson M.D.	
23b. DATE SIGNED 5/19/52		23c. ATTENDANT'S ADDRESS Emmett, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL James A. Beatty		23e. TITLE Beatty Chapel	
25a. BURIAL, CREMATION, REMOVAL (Specify) burial	25b. DATE May 19, 1952	25c. NAME OF CEMETERY OR CREMATORY Riverside	25d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. May 19, 1952		26. FUNERAL DIRECTOR Beatty Chapel	

JUN 11 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 932

Local Reg. No. 22

Reg. Dist. No. 230

1. PLACE OF STILLBIRTH a. COUNTY <i>Madison</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Madison</i>	
b. CITY OR TOWN <i>Helburg</i>		c. CITY OR TOWN <i>Helburg</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Madison Mem. Hosp.</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Havens</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>May 30, 1952</i>
7. FATHER'S NAME a. (First) <i>Merrill</i> b. (Middle) <i>H.</i> c. (Last) <i>Havens</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>23</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Griffith Idaho</i>	11a. USUAL OCCUPATION <i>Bank Mason</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>General</i> b. (Middle) <i>Weatherston</i> c. (Last) <i>Weatherston</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>21</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Idaho Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>None</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Merrill H. Havens</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Y 39.6</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Stillborn - No contributing condition determined</i>	
20b. MATERNAL CAUSES <i>None</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Dr. D. J. Gorman M.D.</i>	
23b. DATE SIGNED <i>6.2.52</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Russell Hamm</i>	
23c. ATTENDANT'S ADDRESS <i>Helburg Idaho</i>		24. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>5/31/52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Auburn</i>	25d. LOCATION (City, town, or county) (State) <i>Madison Idaho</i>
DATE REC'D BY LOCAL REG. <i>6/2/52</i>	REGISTRAR'S SIGNATURE <i>Leona Hamm</i>	26. FUNERAL DIRECTOR <i>Russell Hamm</i>	ADDRESS <i>Helburg</i>

RECEIVED

(1949 Revision of Standard Certificate)

JUL 17 1952 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL Statistics State of Idaho

State File No.

093

Local Reg. No.

240

Reg. Dist. No.

370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2802 Colorado</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL WELLS</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 28, 1952</u>
7. FATHER'S NAME a. (First) <u>Novell</u> b. (Middle) <u>E.</u> c. (Last) <u>Wells</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho</u>	11a. USUAL OCCUPATION <u>Farm Sales Mgr. for Olson Mfg. Co.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Gladys</u> b. (Middle) <u>M.</u> c. (Last) <u>Smith</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>34</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>6</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>x Novell E. Wells</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>May 20, 1952.</u> <u>y39.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Erythroblastosis Fetalis.</u>	
		20b. MATERNAL CAUSES <u>None.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Rh incompatibility</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:45 a.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>James C. F. Chapman, M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>209 Main St. Boise.</u>		23b. DATE SIGNED <u>July 8, 1952.</u>	
		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clyde E. Summers</u> TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 5, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Gloverdale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-16-52</u>	REGISTRAR'S SIGNATURE <u>Maple Palmer</u>	26. FUNERAL DIRECTOR <u>Clyde E. Summers</u> ADDRESS <u>Boise, Idaho</u>	

STANDARD FORM NO. 100

NAME (Last, First, Middle Initial)		DATE OF BIRTH		PLACE OF BIRTH	
JAMES EARL RAY		APRIL 14, 1928		MOBILE, ALABAMA	
EDUCATION		MILITARY SERVICE		EMPLOYMENT HISTORY	
HIGH SCHOOL GRADUATE		ARMY, 1946-1948		Various jobs, including insurance sales	
MARRIAGE		DIVORCE		COURT RECORDS	
MARRIED: 1950		DIVORCED: 1952		None	
RELIGION		POLITICAL AFFILIATION		REMARKS	
METHODIST		DEMOCRATIC		Subject of investigation	

REASON FOR INVESTIGATION		DATE OF INVESTIGATION		BY WHOM	
Suspected involvement in civil rights activities		JANUARY 1960		FBI MEMPHIS	
SOURCES OF INFORMATION		METHODS OF OBTAINING INFORMATION		RESULTS OF INVESTIGATION	
Informant: [redacted]		Interview, review of records		Subject is active in local civil rights group	
CROSS-REFERENCE		ACTION RECOMMENDED		FURTHER ACTION	
See file # 44-1987-Sub E		Continue surveillance		Report progress monthly	
APPROVED AND FORWARDED		SPECIAL AGENT IN CHARGE		DATE	
[Signature]		[Signature]		JAN 20 1960	

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JUN 2 1952
DIVISION OF VITAL
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 095

Local Reg. No. 191

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1040 East Terry</u>	
3. CHILD'S NAME (Type or Print) <u>John David George</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 6, 1952</u>
7. FATHER'S NAME a. (First) <u>Johnnie</u>		b. (Middle) <u>Elmer</u> c. (Last) <u>George</u>	
8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>18 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Ashton, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer-Naval Ordnance Plant</u>	
11b. KIND OF BUSINESS OR INDUSTRY			
12. MOTHER'S MAIDEN NAME a. (First) <u>Jeannine</u>		b. (Middle) <u>Elsie</u> c. (Last) <u>Jenkins</u>	
13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>19 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Ashton, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Jeannine George</u>			
18a. LENGTH OF PREGNANCY <u>28 WEEKS</u>	18b. WEIGHT AT BIRTH <u>3 LBS. 1 1/2 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>38.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>not determined</u>		20a. FETAL CAUSES <u>Apparent respiratory obstruction, exact nature</u>	
		20b. MATERNAL CAUSES <u>None</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Outlet forceps</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen, M.D.</u>	
23b. DATE SIGNED <u>6-10-52</u>		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>John W. Grossman</u>		TITLE <u>Registrar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>June 7-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Ashton</u>	25d. LOCATION (City, town, or county) (State) <u>Ashton Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 24 1952 Eva M. Wallin</u>		26. FUNERAL DIRECTOR <u>Downard Funeral Home</u> ADDRESS <u>Pocatello, Ida.</u>	

10-10-68

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On 2-24-68, at 10:30 AM, the following information was received:

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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1. The first of these is the fact that the system is not a simple one, and that it is not possible to describe it in terms of a single parameter. The system is a complex one, and it is not possible to describe it in terms of a single parameter.

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1. DATE 10/10/1964

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Journal of Management Studies, 20(6), 791-806.

REF ID: A61111

RECEIVED
JUL 7 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 095
Local Reg. No. 195
Reg. Dist. No. 510

1. PLACE OF BIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>944 West Clark</u>	
3. CHILD'S NAME (Type or Print) <u>Mary Frances McOmber</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 7, 1952</u>
7. FATHER'S NAME a. (First) <u>Arthur</u> b. (Middle) <u>Fisk</u> c. (Last) <u>McOmber</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>37 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Oakley, Idaho</u>	11a. USUAL OCCUPATION <u>Broker-Real Estate</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>June</u> b. (Middle) <u>Martineau</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>35 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Montpelier, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>June McOmber</u> <u>Mother</u>			
18a. LENGTH OF PREGNANCY <u>40 WEEKS</u>	18b. WEIGHT AT BIRTH <u>7 LBS. 11 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y 39.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Rh neg</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>June 8, 1952</u>
23c. ATTENDANT'S ADDRESS <u>Pocatello</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>6-8-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Logan Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Logan, Utah</u>
DATE REC'D BY LOCAL REG. <u>JUL 3 1952</u>	REGISTRAR'S SIGNATURE <u>Evam Wallin</u>	26. FINAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Pocatello, Idaho</u>	

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RECEIVED
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
JUN 18 1952
State of Idaho

State File No. 096
Local Reg. No. 16-52
Reg. Dist. No. 100

1. PLACE OF STILLBIRTH a. COUNTY Boundry		2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE Idaho b. COUNTY Boundry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnerr's Ferry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonnerr's Ferry	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Turner			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 3-1952
7. FATHER'S NAME a. (First) Bryan b. (Middle) Leroy c. (Last) Turner		8. COLOR OR RACE white	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Idaho - Bonner's Ferry	11a. USUAL OCCUPATION Mill hand	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Patsy b. (Middle) Elizabeth c. (Last) Hammell		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Nebraska - Mitchell	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Bryan Turner			
18a. LENGTH OF PREGNANCY 38 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 10 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 36.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Placental Infarct	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE R.M. Bowell	23b. DATE SIGNED 6-4-52
		23b. ATTENDANT'S ADDRESS Bonner's Ferry	24. SIGNATURE OF AUTHORIZED OFFICIAL E. F. Sidwell
25. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 6/4/52	25c. NAME OF CEMETERY OR CREMATORY Grandview	25d. LOCATION (City, town, or county) (State) Boundry County Idaho
DATE REC'D BY LOCAL REG. 6-11-52	REGISTRAR'S SIGNATURE R.M. Bowell	26. FUNERAL DIRECTOR E. F. Sidwell	ADDRESS Sandpoint, Idaho

JUL 17 1952 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 DIVISION OF STATISTICS
 State of Idaho

State File No. 097Local Reg. No. 48Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY <u>CASSIA</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLEY</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>COTTAGE HOSPITAL</u>	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>MINIDOKA</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PAUL</u> d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>
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3. CHILD'S NAME
 ((Type or Print)) WILLIAM GEORGE SCHNEIDER

4. SEX MALE 5a. THIS BIRTH SINGLE ☒ TWIN ☐ TRIPLET ☐ 5b. IF TWIN OR TRIPLET (This child born) 1ST ☐ 2ND ☐ 3RD ☐ 6. DATE OF STILLBIRTH (Month) (Day) (Year) MAY 20, 1952

7. FATHER'S NAME a. (First) GERALD b. (Middle) W. c. (Last) SCHNEIDER 8. COLOR OR RACE WHITE

9. AGE (At time of this birth) 43 YEARS 10. BIRTHPLACE (State or foreign country) NEBRASKA 11a. USUAL OCCUPATION FARMER 11b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE

12. MOTHER'S MAIDEN NAME a. (First) VERNA b. (Middle) PERRY c. (Last) WHITE 13. COLOR OR RACE WHITE

14. AGE (At time of this birth) 36 YEARS 15. BIRTHPLACE (State or foreign country) RUPERT, IDAHO 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
 a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT M. W. Schneider

18a. LENGTH OF PREGNANCY 36 WEEKS 18b. WEIGHT AT BIRTH LBS. OZS. 37.8 19. Was a standard serological test for syphilis performed? Yes ☒ No ☐ Approximate date 9/15/51

CAUSE OF STILLBIRTH
 State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)
 20a. FETAL CAUSES Cerebral hemorrhage
 20b. MATERNAL CAUSES Dystoxia due to scar tissue due to previous cesarean section

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Dystoxia 22. STATE ALL OPERATIONS FOR DELIVERY Cesarean section

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.
 23a. ATTENDANT'S SIGNATURE John W. Davis M.D. (Specify if M. D., midwife, or other) 23b. DATE SIGNED 4/23/52
 23c. ATTENDANT'S ADDRESS 334 E. 7th St. Burley IF NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL _____ TITLE _____

25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 25b. DATE MAY 22, 1952 25c. NAME OF CEMETERY OR CREMATORY PAUL CEMETERY 25d. LOCATION (City, town, or county) (State) PAUL, IDAHO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE May 28 1952 B. J. Wilcox 26. FUNERAL DIRECTOR'S ADDRESS South Payne - BURLEY

OFFICE OF THE
SHERIFF

NAME <i>[illegible]</i>		DATE <i>[illegible]</i>	
ADDRESS <i>[illegible]</i>		CITY <i>[illegible]</i>	
STATE <i>[illegible]</i>		COUNTY <i>[illegible]</i>	
ZIP <i>[illegible]</i>		TELEPHONE <i>[illegible]</i>	
SEX <i>[illegible]</i>		AGE <i>[illegible]</i>	
HEIGHT <i>[illegible]</i>		WEIGHT <i>[illegible]</i>	
HAIR <i>[illegible]</i>		EYES <i>[illegible]</i>	
SKIN <i>[illegible]</i>		TATTOOS <i>[illegible]</i>	
SCARS <i>[illegible]</i>		FINGERPRINTS <i>[illegible]</i>	
MILITARY SERVICE <i>[illegible]</i>		EDUCATION <i>[illegible]</i>	
EMPLOYMENT <i>[illegible]</i>		CRIMINAL RECORD <i>[illegible]</i>	
SIGNATURE <i>[illegible]</i>		DATE <i>[illegible]</i>	
SHERIFF <i>[illegible]</i>		CLERK <i>[illegible]</i>	

RECEIVED

(1949 Revision of Standard Certificate)

JUL 17 1952

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 098

Local Reg. No. 67

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Cassia	a. STATE	Idaho
b. CITY OR TOWN	Burley	b. COUNTY	Cassia
c. FULL NAME OF HOSPITAL OR INSTITUTION	Cottage Hospital	c. CITY OR TOWN	Burley
		d. STREET ADDRESS	1058 Overland Ave.
3. CHILD'S NAME (Type or Print)			
Baby Moline			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	June 17, 1952
7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)
	Ben	Alfred	Moline
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
33 YEARS	Twin Falls, Idaho	Cook	Cafe
12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)
	Estella		Rogers
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
YEARS	- - Utah	a. How many children are now living?	b. How many children were born alive but are now dead?
		1	0
17. INFORMANT		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
Ben Alfred Moline 1058 Overland		0	
18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes..... No.....	
WEEKS	LBS. OZS.	Approximate date	
		June 1952 y39.2	
CAUSE OF STILLBIRTH	20a. FETAL CAUSES	20b. MATERNAL CAUSES	
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	Erythroblastosis Fetalis	Rh neg - Titer 1/100	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
none		none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE	23b. DATE SIGNED
		(Specify if M. D., midwife, or other)	
		23c. ATTENDANT'S ADDRESS	24. SIGNATURE OF AUTHORIZED OFFICIAL
		Burley Idaho	6/29/52
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
Burial	June 20, 1952	Pleasant View Cemetery	Burley Idaho
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
July 3 1952	R. B. M. Cullack	Kim B. M. Cullack	Burley Idaho

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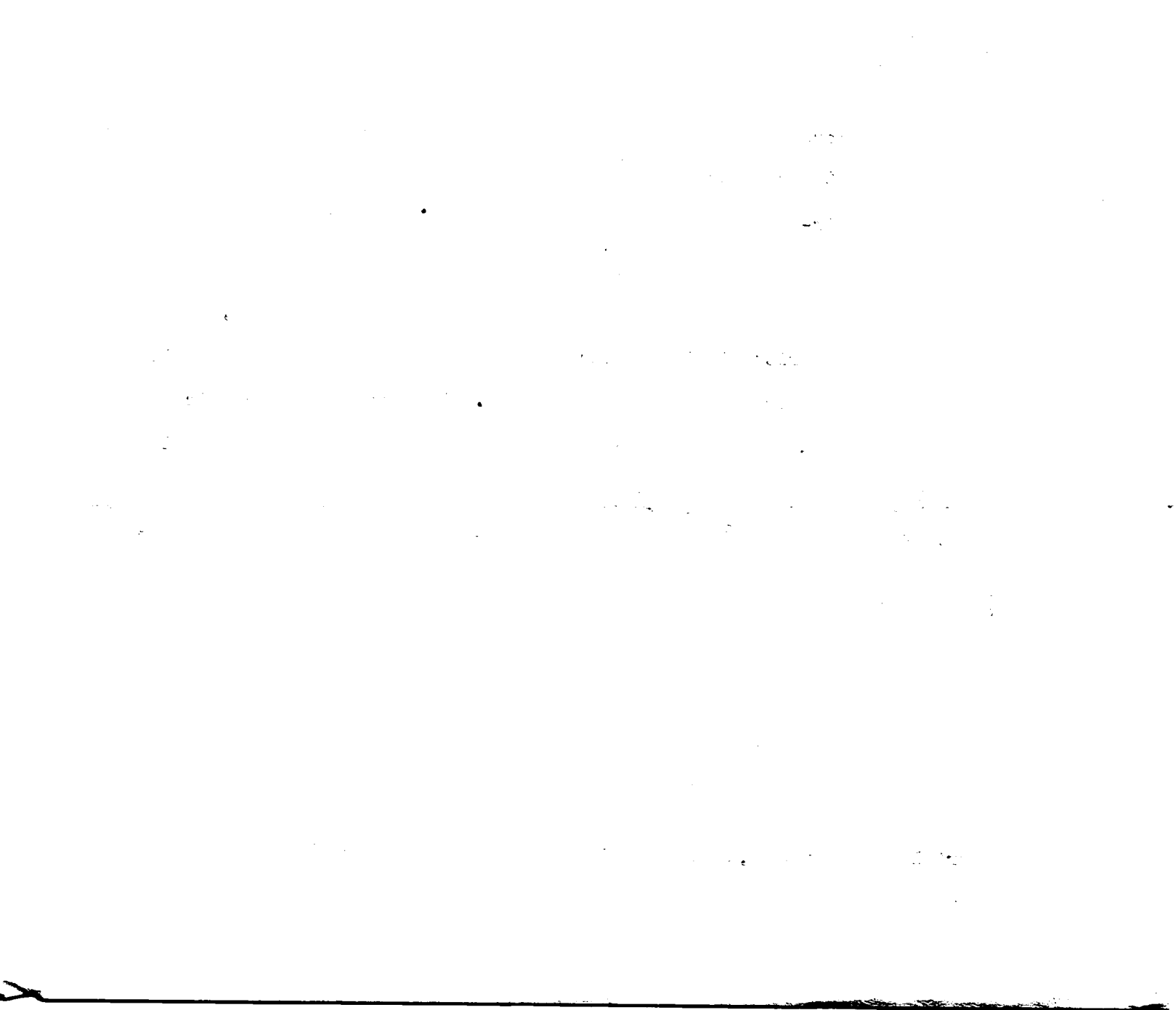
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RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 JUL 7 1952
 DIVISION OF VITAL STATISTICS
 State of Idaho

State File No. **099**
 Local Reg. No. **29**
 Reg. Dist. No. **282**

1. PLACE OF STILLBIRTH a. COUNTY Elmore		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Massachusetts b. COUNTY Barnstable	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home Air Base		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hyannis	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Air-Base Hospital		d. STREET ADDRESS (If rural, give location) City	
3. CHILD'S NAME ((Type or Print)) DANNY LOFTUS			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 19, 1952
7. FATHER'S NAME a. (First) Marion William b. (Middle) Loftus c. (Last)			8. COLOR OR RACE White
9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Moore Idaho	11a. USUAL OCCUPATION Sgt. Air Force	11b. KIND OF BUSINESS OR INDUSTRY Mechanic
12. MOTHER'S MAIDEN NAME a. (First) Beatrice b. (Middle) Joyce c. (Last) Bassett			13. COLOR OR RACE White
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Hyannis Massachusetts	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? one c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Marion William Loftus Mountain Home AFB, Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date Y 38.1	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalus	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m. Mountain Home AFB, Idaho		23a. ATTENDANT'S SIGNATURE Dr. Bulalo (Specify if M. D., midwife, or other) M. D.	23b. DATE SIGNED 19 June 1952
23c. ATTENDANT'S ADDRESS Mountain Home AFB, Idaho		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Edw. J. Bay TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 20, 1952	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Mountain Home Idaho
DATE REC'D BY LOCAL REG. June 24, 1952	REGISTRAR'S SIGNATURE H. Anderson	26. FUNERAL DIRECTOR Edw. J. Bay ADDRESS Mountain Home Idaho	



RECEIVED 49 Revision of Standard Certificate)
JUN 27 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 100
Local Reg. No. 15
Reg. Dist. No. 440 (1/5)

1. PLACE OF STILLBIRTH a. COUNTY Jerome		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jerome	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jerome	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Benedict's Hospital		d. STREET ADDRESS (If rural, give location) Rt. # 3	
3. CHILD'S NAME (Type or Print) BABY BOY DIEHL			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 23, 1952
7. FATHER'S NAME a. (First) Gerald b. (Middle) Everett c. (Last) Diehl		8. COLOR OR RACE White	
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Rosamary b. (Middle) Wilson c. (Last) Wilson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Wendell Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. Gerald Diehl			
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date Dec. 1951	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) unknown Fetus apparently dead		20a. FETAL CAUSES unknown	
20b. MATERNAL CAUSES unknown		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) James E. float M.D.	
23b. DATE SIGNED 6/23/52		23c. ATTENDANT'S ADDRESS Jerome, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL James C. Sayre		25. TITLE Jerome, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 23, 1952	25c. NAME OF CEMETERY OR CREMATORY Jerome	25d. LOCATION (City, town, or county) (State) Jerome, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 23, 1952 Sister M. Rose, R.N.		26. FUNERAL DIRECTOR ADDRESS Jerome, Idaho	

1952 CERTIFICATE OF STILLBIRTH
OF VITAL State of Idaho

State File No.
Local Reg. No. 17-61251
Reg. Dist. No. 1540

Form DPH-48020

[illegible]

Dr. Wm Wood

PHS-797(VS)

4-48

FEDERAL SECURITY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

RECEIVED
JUN 24 1952
DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

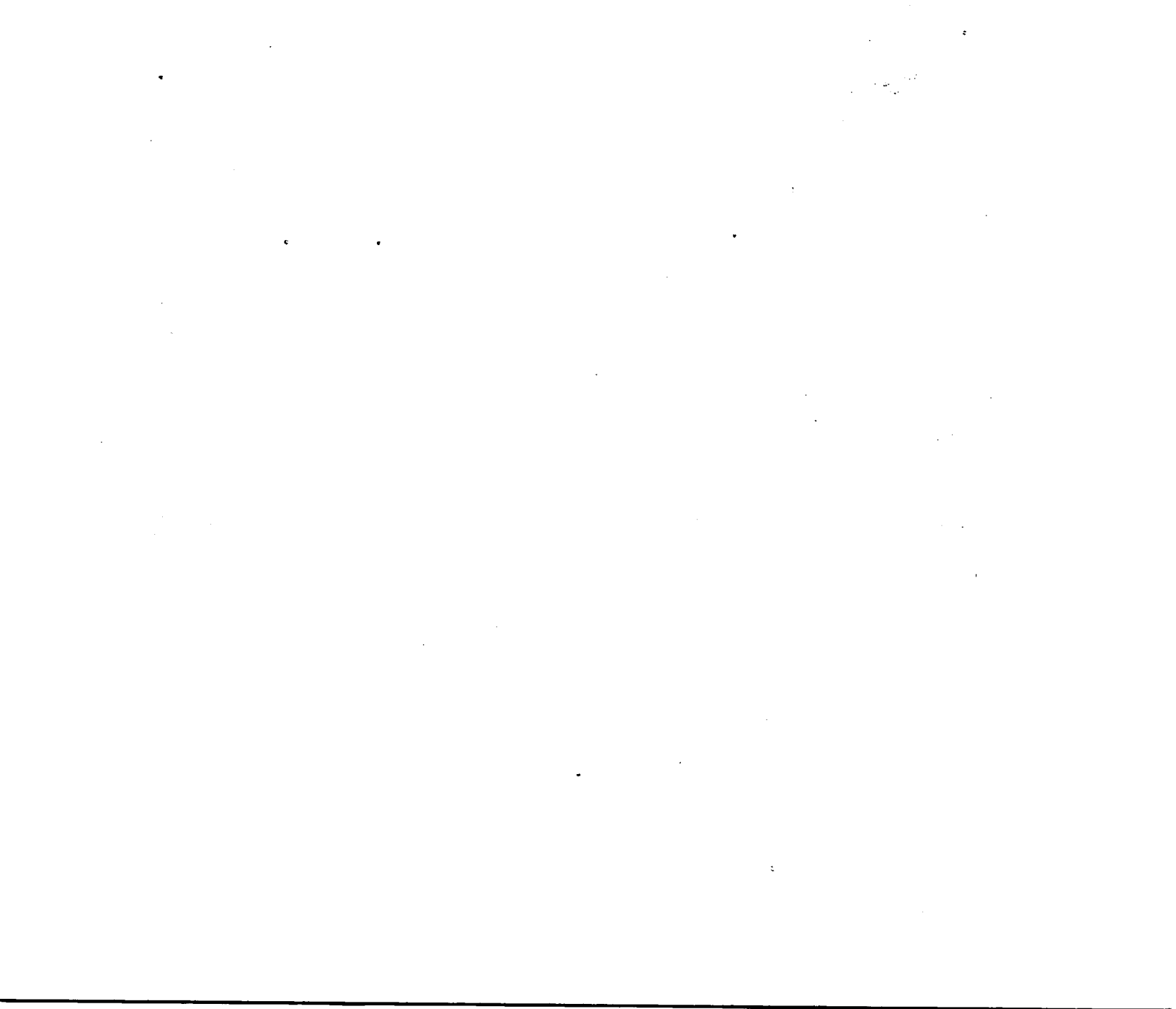
State File No.

102

Local Reg. No.

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d'Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen. Hospital		d. STREET ADDRESS (If rural, give location) 3300 N. 4th St.	
3. CHILD'S NAME (Type or Print) Arlene Linn			
4. SEX F	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 17, 1952
7. FATHER'S NAME a. (First) Alfred b. (Middle) S. c. (Last) Linn		8. COLOR OR RACE White	
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Plumber	11b. KIND OF BUSINESS OR INDUSTRY Plumbing
12. MOTHER'S MAIDEN NAME a. (First) Dorothea b. (Middle) c. (Last) Mason		13. COLOR OR RACE White	
14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>[Signature]</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date y 34.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown Disease	
		20b. MATERNAL CAUSES Probable uterine fibroid	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-Eclampsia & Coarctation of fetal Heart		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) William T. Wood, M.D.	
23b. DATE SIGNED 6-18-'52		23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Don English		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 18, 1952	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho
DATE REC'D BY LOCAL REG. 6-18-52		26. FUNERAL DIRECTOR ADDRESS Don English Coeur d'Alene, Idaho	



RECEIVED
JUN 24 1952
DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Kootenai		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Kootenai	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Coeur d' Alene	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lake City Gen. Hospital		d. STREET ADDRESS (If rural, give location) 3300-N-4th, st.	

3. CHILD'S NAME
(Type or Print) **Darlyne Linn**

4. SEX Female	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 17, 1952
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7. FATHER'S NAME a. (First) Alfred	b. (Middle) S.	c. (Last) Linn	8. COLOR OR RACE White
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9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11a. USUAL OCCUPATION Plumber	11b. KIND OF BUSINESS OR INDUSTRY Plumbing
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12. MOTHER'S MAIDEN NAME a. (First) Dorothea	b. (Middle)	c. (Last) Mason	13. COLOR OR RACE White
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14. AGE (At time of this birth) 37 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
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17. INFORMANT <i>William T. Wood</i>	18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 6-18-52
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Unknown Disease
	20b. MATERNAL CAUSES Probable Uterine Fibroid

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Pre-Eclampsia & Cessation of fetal heart	22. STATE ALL OPERATIONS FOR DELIVERY None
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE William T. Wood, M.D.	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 6-18-52
	23c. ATTENDANT'S ADDRESS Coeur d'Alene, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Don English

25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 18, 1952	25c. NAME OF CEMETERY OR CREMATORY Forest Cemetery	25d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho
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DATE REC'D BY LOCAL REG. 6-18-52	REGISTRAR'S SIGNATURE Lorraine K. Brush	26. FUNERAL DIRECTOR Don English	ADDRESS Coeur d' Alene, Idaho
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[illegible]

RECEIVED

JUL 5 1952

(1949 Revision of Standard Certificate)

DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No.

Local Reg. No. 690

Reg. Dist. No. 6039

104

1. PLACE OF STILLBIRTH a. COUNTY Lemhi		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Lemhi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salmon	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Steele Memorial Hosp.		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME
(Type or Print) Baby Boy Snook

4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 30, 1952
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7. FATHER'S NAME a. (First) Quinton b. (Middle) "none" c. (Last) Snook	8. COLOR OR RACE White
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9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Atlanta Georgia	11a. USUAL OCCUPATION Rancher	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) Lois b. (Middle) Elaine c. (Last) Mullen	13. COLOR OR RACE White
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14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Salmon Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0
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17. INFORMANT Quinton Snook	18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4-15-52
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18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 4-15-52
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES	20b. MATERNAL CAUSES Spontaneous Rupture of Membranes
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:04 A. m.	23a. ATTENDANT'S SIGNATURE S. R. Mullen MD	(Specify if M. D., midwife, or other)	23b. DATE SIGNED 7-1-52
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23c. ATTENDANT'S ADDRESS Salmon, Ida.	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL	TITLE
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25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-2-52	25c. NAME OF CEMETERY OR CREMATORY Salmon	25d. LOCATION (City, town, or county) (State) Salmon, Idaho
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DATE REC'D BY LOCAL REG. 7-3-52	REGISTRAR'S SIGNATURE Viola G. Johnson	26. FUNERAL DIRECTOR Robert C. Jones	ADDRESS Salmon, Ida.
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RECEIVED

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

REPORT OF INVESTIGATION
OF THE
FEDERAL BUREAU OF INVESTIGATION

DATE OF REPORT
JANUARY 1954

REPORT OF
JANUARY 1954

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CERTIFICATE OF STILLBIRTH

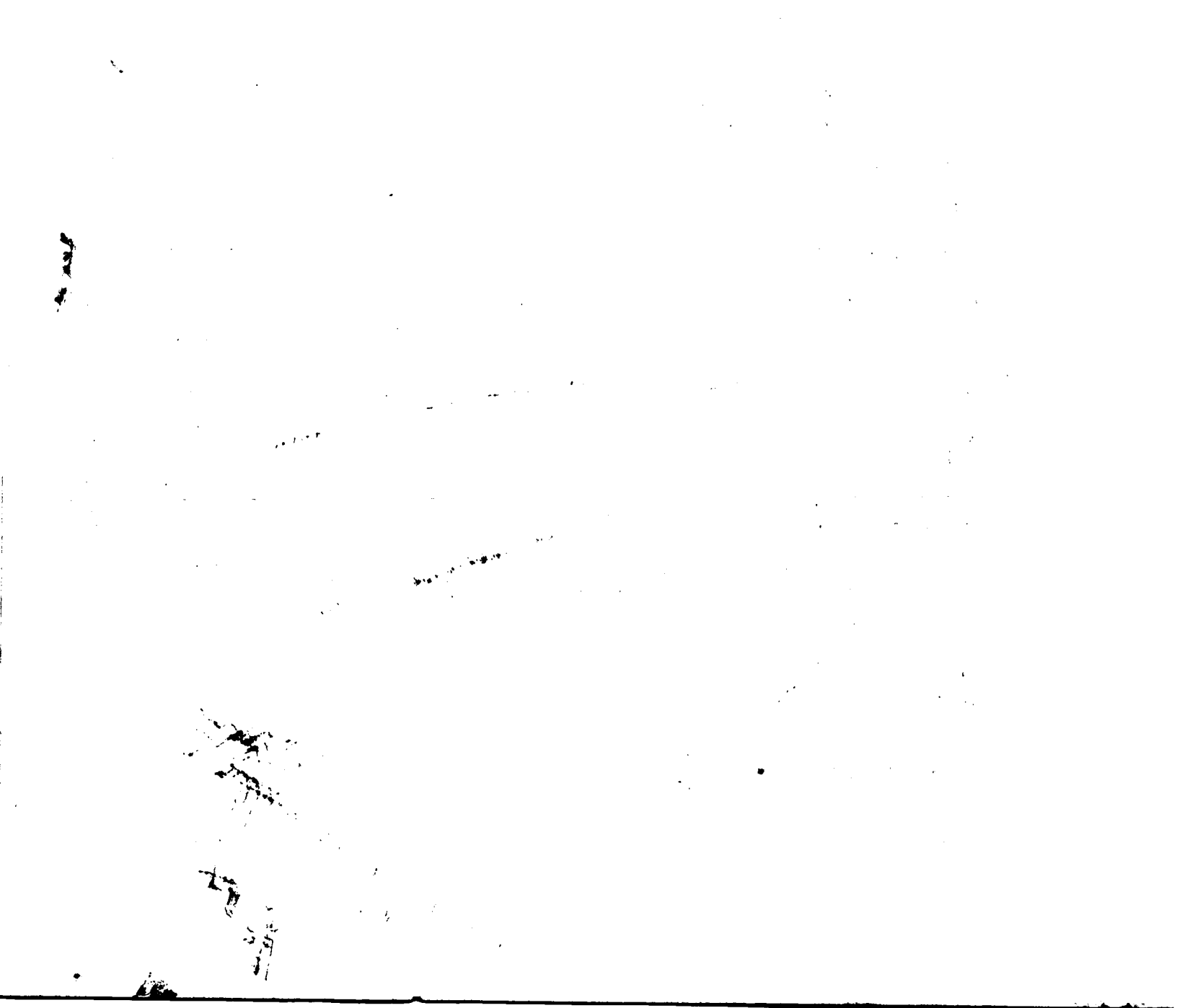
RECEIVED
State of Idaho

State File No. 105

Local Reg. No. 112

Reg. Dist. No. 226

1. PLACE OF STILLBIRTH a. COUNTY <u>Nez Percé</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewiston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>		d. STREET ADDRESS (If rural, give location) <u>1223 - Idaho St</u>	
3. CHILD'S NAME (Type or Print) <u>Stillborn Girl Day</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 1, 1952</u>
7. FATHER'S NAME a. (First) <u>no record</u>		b. (Middle) <u>no record</u>	
9. AGE (At time of this birth) YEARS		10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION
12. MOTHER'S MAIDEN NAME a. (First) <u>Violet</u>		b. (Middle) <u>Murphy</u>	
14. AGE (At time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Kootenai, Idaho</u>	
17. INFORMANT		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>no other.</u>	
18a. LENGTH OF PREGNANCY <u>37</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>on</u> No <u>no</u> Approximate date <u>Y 35.1</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Severe abdominal injury and cessation</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		20b. MATERNAL CAUSES <u>Auto accident 2 wks. pre-partum with</u>	
23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Lay W. Eastwood M.D.</u>		23b. DATE SIGNED <u>6/9/52</u>	
23c. ATTENDANT'S ADDRESS <u>Lewiston, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>O. Vassar</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		25b. DATE <u>6-7-52</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Hermal Hill</u>		25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>June 6, 1952</u>		26. FUNERAL DIRECTOR <u>U. Vassar</u>	
REGISTRAR'S SIGNATURE <u>Jean Wegelin</u>		ADDRESS <u>Lewiston, Idaho</u>	



RECEIVED (1949 Revision of Standard Certificate)
JUL 2 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 106
Local Reg. No.
Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY Payette		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Payette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Payette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Payette	
c. FULL NAME OF HOSPITAL OR INSTITUTION Payette Valley Memorial Hospital		d. STREET ADDRESS (If rural, give location) 538 North 5th St.	
3. CHILD'S NAME (Type or Print) KEVIN ROGER BICKNESE			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 14, 1952
7. FATHER'S NAME a. (First) LaVerne b. (Middle) Maxwell c. (Last) Bicknese		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Glendive, Montana	11a. USUAL OCCUPATION Motor Parts Store	11b. KIND OF BUSINESS OR INDUSTRY Motor parts
12. MOTHER'S MAIDEN NAME a. (First) Florence b. (Middle) Laura c. (Last) Bicknese		13. COLOR OR RACE White	
14. AGE (At time of this birth) 26 YEARS	15. BIRTHPLACE (State or foreign country) New Plymouth, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT <i>William M Bicknese Payette Idaho</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov. 20, 1951 y 34.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Fetal asphyxia secondary to placental insufficiency</i> 20b. MATERNAL CAUSES <i>Tetanic uterine contractions, severe, spontaneous</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Onset of labor with severe tetanic uterine contractions persisting & outlet forceps</i>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 P.m.		23a. ATTENDANT'S SIGNATURE <i>Walter S. Shaffer</i> (Specify M.D., D.O., or other) M.D. 23b. DATE SIGNED June 16, 1952	
23c. ATTENDANT'S ADDRESS Payette, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Gifford R. Shaffer</i> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE June 18, 1952	25c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	25d. LOCATION (City, town, or county) (State) New Plymouth, Idaho
DATE REC'D BY LOCAL REG. June 16, 1952	REGISTRAR'S SIGNATURE <i>Robert E. Shaffer</i>	26. FUNERAL DIRECTOR ADDRESS Gifford R. Shaffer Payette, Idaho	

(over)

Fetus known to be non-viable for hrs. before delivery.

RECEIVED (Revision of Standard Certificate)
JUN 5 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 107
Local Reg. No. 14
Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Power		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN American Falls Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aberdeen Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Schiltz Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt Box 88 E-Miles West	
3. CHILD'S NAME (Type or Print) KURT BROWN			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 3 1952
7. FATHER'S NAME a. (First) TIMOTHY b. (Middle) EDWARD c. (Last) BROWN		8. COLOR OR RACE White	
9. AGE (At time of this birth) 27 YEARS	10. BIRTHPLACE (State or foreign country) Sierre Madre Cal	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Irrig
12. MOTHER'S MAIDEN NAME a. (First) EDITH b. (Middle) LUCILLE c. (Last) KLASSEN		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Aberdeen Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Edith Brown Mother			
18a. LENGTH OF PREGNANCY 29 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 6-3-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Edematous, infant 20b. MATERNAL CAUSES Mild hypertensive	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Slight hypertension last 10 weeks		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:22 PM		23a. ATTENDANT'S SIGNATURE E. E. Harned, M.D.	23b. DATE SIGNED 6-3-52
23c. ATTENDANT'S ADDRESS Aberdeen Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL H. H. Davis TITLE Am. Falls, Idaho.
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE June 4-1952	25c. NAME OF CEMETERY OR CREMATORY Honolulu	25d. LOCATION (City, town, or county) (State) S.W. Aberdeen Idaho.
DATE REC'D BY LOCAL REG. 6-3-1952	REGISTRAR'S SIGNATURE Sharon Faling	26. FUNERAL DIRECTOR H. H. Davis ADDRESS Am. Falls, Idaho.	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

INVESTIGATION OF THE ACTS OF VIOLENCE
COMMITTED BY THE KNOWN SUBJECTS

REPORT OF THE
SPECIAL AGENT IN CHARGE

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

RE: [REDACTED]

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

RE: [REDACTED]

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

INVESTIGATION OF THE ACTS OF VIOLENCE
COMMITTED BY THE KNOWN SUBJECTS

REPORT OF THE
SPECIAL AGENT IN CHARGE

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

RE: [REDACTED]

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

RE: [REDACTED]

DATE OF
REPORT

TO THE
DIRECTOR

FROM THE
SPECIAL AGENT IN CHARGE

RECEIVED (1949 Revision of Standard Certificate)
JUL 9 1952
STATISTICS
DIVISION OF VITAL
State of Idaho

State File No. 108
Local Reg. No. 26
Reg. Dist. No. 140

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls County</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls, Idaho</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grandview, Idaho, Elmore</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Ada Jean Randall</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>6 30 '52</u>
7. FATHER'S NAME a. (First) <u>Robert</u> b. (Middle) <u>L.</u> c. (Last) <u>Randall</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Picaco, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Alice</u> b. (Middle) c. (Last) <u>Reed</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Preston, Nevada</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Arthur Smith</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Unknown</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Precipitate, spontaneous, stillbirth</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:00</u> A. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Arthur Smith</u> 23b. DATE SIGNED <u>July 1</u>	
23c. ATTENDANT'S ADDRESS <u>Twin Falls</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-1-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-3-52</u>	REGISTRAR'S SIGNATURE <u>Anna Lind</u>	26. FUNERAL DIRECTOR <u>Wayne Phillips</u> ADDRESS <u>White Mountain Twin Falls, Idaho</u>	

[illegible]

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
DIVISION OF VITALS State of Idaho

State File No. 109
Local Reg. No. 7
Reg. Dist. No. 7/11

1. PLACE OF STILLBIRTH a. COUNTY Valley			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Valley		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stibnite			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stibnite		
c. FULL NAME OF HOSPITAL OR INSTITUTION Stibnite Hospital			d. STREET ADDRESS (If rural, give location) #17 Upper Midnight		
3. CHILD'S NAME (Type or Print) Baby Lindekugel					
4. SEX	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) June 22, 1952		
7. FATHER'S NAME a. (First) Arthur b. (Middle) Edwin c. (Last) Lindekugel			8. COLOR OR RACE White		
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Mansfield, South Dakota	11a. USUAL OCCUPATION Mill Operator	11b. KIND OF BUSINESS OR INDUSTRY Mining		
12. MOTHER'S MAIDEN NAME a. (First) Iva b. (Middle) Myrtle c. (Last) VanFossen			13. COLOR OR RACE White		
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Sunnyside, Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1			
17. INFORMANT Arthur Edwin Lindekugel					
18a. LENGTH OF PREGNANCY 28 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 3/19/52			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Pre-Eclamptic Toxemia			
20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia			22. STATE ALL OPERATIONS FOR DELIVERY None		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:45 A m.		23a. ATTENDANT'S SIGNATURE Joseph Haeckner M.D.		23b. DATE SIGNED 6/25/52	
23c. ATTENDANT'S ADDRESS Stibnite, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Myrtle M. Gardner		TITLE REGISTERAR	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 6/22/52	25c. NAME OF CEMETERY OR CREMATORY Stibnite, Valley County, Idaho		25d. LOCATION (City, town, or county) (State) Idaho	
26. FUNERAL DIRECTOR Myrtle M. Gardner		ADDRESS Stibnite, Valley County, Idaho			

Form with multiple sections, including fields for name, address, and contact information. The text is heavily obscured by noise and artifacts, making it largely illegible. Visible fragments include:

Top section: [Illegible text]

Middle section: [Illegible text]

Bottom section: [Illegible text]

Right side: [Illegible text]

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JUL 29 1952

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 110

Local Reg. No. 255

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.		d. STREET ADDRESS (If rural, give location) 2119. Pleasanton.	
3. CHILD'S NAME (Type or Print) CHARLES ALBERT HESSE.			
4. SEX Male.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July. 12. 1952.
7. FATHER'S NAME a. (First) WILLIAM b. (Middle) ALBERT HESSE. c. (Last)		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho.	11a. USUAL OCCUPATION Warehouse Manager, Fletcher Oil Co.	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) MARY b. (Middle) JOSEPHINE c. (Last) HARKINSON.		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Boise, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None. c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.	
17. INFORMANT William J. Hesse 2119 Pleasanton			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 12-25-51	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Transverse presentation + prolapsed cord	
		20b. MATERNAL CAUSES None	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Transverse presentation		22. STATE ALL OPERATIONS FOR DELIVERY Podalic version	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:00 P. m.		23a. ATTENDANT'S SIGNATURE Joseph E. Ward (Specify if M. D., midwife, or other)	
23b. DATE SIGNED 7-15-52		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL Clayton E. Summers		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July 14, 1952	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 7-22-52	REGISTRAR'S SIGNATURE Maryle Palmer	26. FUNERAL DIRECTOR SUMMERS FUNERAL HOME Boise, Idaho	

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DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 111

Local Reg. No. 257

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1017 Longmont</u>	
3. CHILD'S NAME (Type or Print) <u>BABY GIRL FORD</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 13, 1952</u>
7. FATHER'S NAME a. (First) <u>ROGER</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>FORD</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>New York</u>	11a. USUAL OCCUPATION <u>Mechanic</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Air Force</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>HELEN</u> b. (Middle) <u>MAE</u> c. (Last) <u>MARTINALICK</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Louisiana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>one</u>	
17. INFORMANT <u>Roger A Ford</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Unknown</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature Labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>H. G. Ackman, M.D.</u>	
23b. DATE SIGNED <u>7/15/52</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Id.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>Clayton E. Summers</u>		23e. TITLE <u>SUMMERS FUNERAL HOME</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 14, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Morris Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-22-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Clayton E. Summers</u> ADDRESS <u>Boise, Idaho</u>	

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CERTIFICATE OF STILLBIRTH

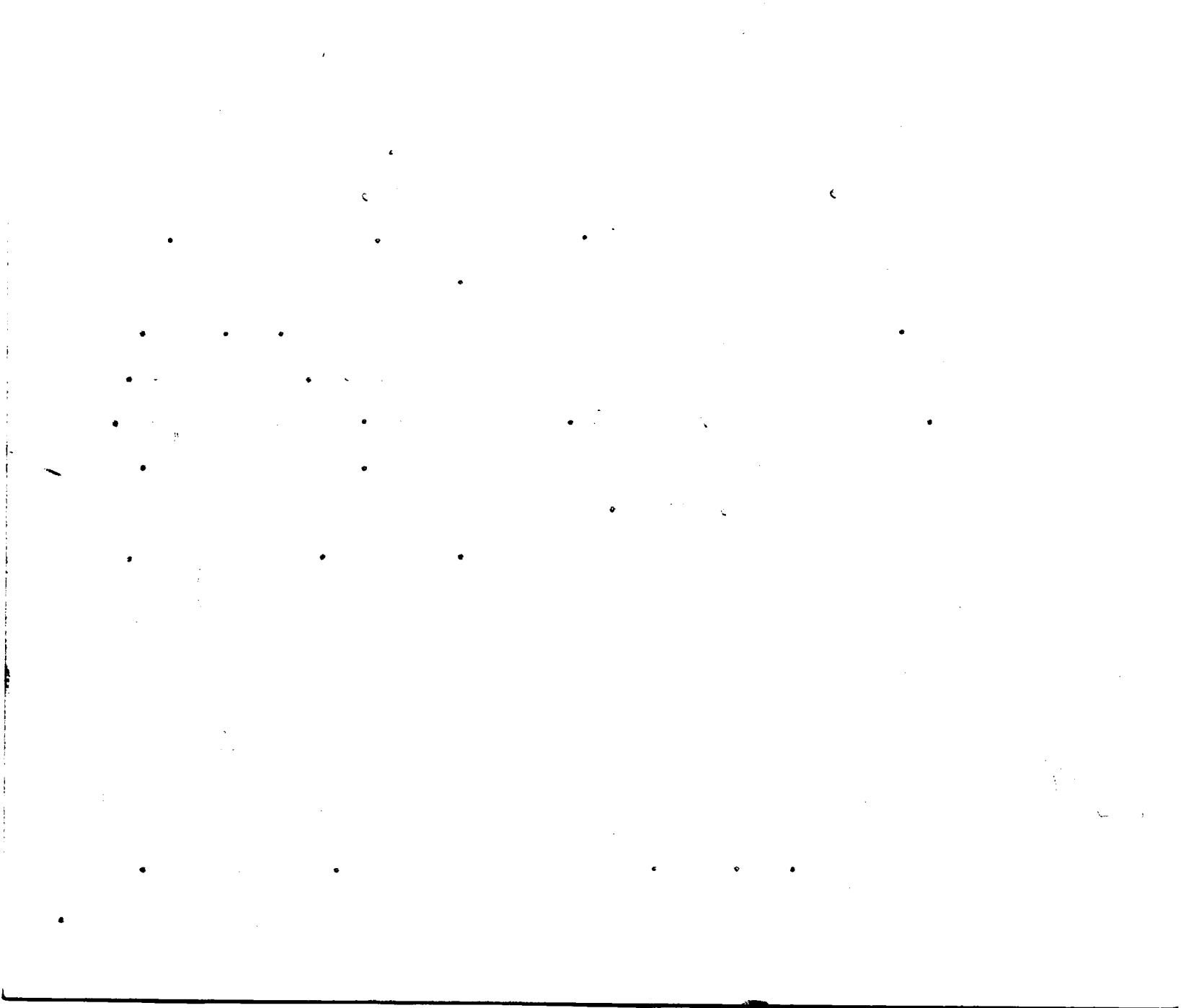
DIVISION OF VITALS State of Idaho

State File No. 112

Local Reg. No. 273

Reg. Dist. No. 37a

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Ada	
b. CITY OR TOWN Boise,		c. CITY OR TOWN Boise,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St Alphonsus Hospital.		d. STREET ADDRESS (If rural, give location) 2226. Targee Street.	
3. CHILD'S NAME (Type or Print) TREVA ANN CRITES.			
4. SEX Female.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July. 24. 1952.
7. FATHER'S NAME a. (First) Charles b. (Middle) Lee c. (Last) Crites.		8. COLOR OR RACE White.	
9. AGE (At time of this birth) 33. YEARS	10. BIRTHPLACE (State or foreign country) Cridersville Ohio.	11a. USUAL OCCUPATION Sign Painter.	11b. KIND OF BUSINESS OR INDUSTRY Sign Painting.
12. MOTHER'S MAIDEN NAME a. (First) Merna b. (Middle) Beatrice c. (Last) Leatham.		13. COLOR OR RACE White.	
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) Obrien, Oregon.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None. b. How many children were born alive but are now dead? None. c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None.	
17. INFORMANT Charles & Crites 2226 Targee St. RR 6 Boise		18a. LENGTH OF PREGNANCY WEEKS 38.0	
18b. WEIGHT AT BIRTH LBS. 10.5 OZS. 10.5		19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Chronic Placental Insufficiency, Hemorrhage		20a. FETAL CAUSES None	
20b. MATERNAL CAUSES None		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	
22. STATE ALL OPERATIONS FOR DELIVERY None		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) David	
23b. DATE SIGNED 7-26-52		23c. ATTENDANT'S ADDRESS Boise Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Clyde E. Summers		TITLE Summers Funeral Home, Boise, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE July. 26. 1952.	25c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery.	25d. LOCATION (City, town, or county) (State) Boise, Idaho.
DATE REC'D BY LOCAL REG. 8-2-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Summers Funeral Home, Boise, Idaho.	



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State File No. 113Local Reg. No. 209Reg. Dist. No. 5.11JUL 17 1952
DIVISION OF VITAL STATISTICS
State of Idaho
CERTIFICATE OF STILLBIRTH

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Power	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN American Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) American Falls, Idaho	
3. CHILD'S NAME (Type or Print) Stanley Porath			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 7 1952
7. FATHER'S NAME a. (First) Edward b. (Middle) Williston c. (Last) Porath		8. COLOR OR RACE White	
9. AGE (At time of this birth) 45 YEARS	10. BIRTHPLACE (State or foreign country) O'Neil, Nebraska	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farm
12. MOTHER'S MAIDEN NAME a. (First) Persis b. (Middle) Lucille c. (Last) Haskell		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Sublette, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 5 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Lucille Porath Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/38/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES microcephaly, multiple congenital anomalies of extremities	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Breech presentation		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:10 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. D.	
		23b. DATE SIGNED 9 July 1952	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		23d. SIGNATURE OF AUTHORIZED OFFICIAL H. L. Davis	
23e. TITLE Am. Falls, Ida			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-9-1952	25c. NAME OF CEMETERY OR CREMATORY Valley View	25d. LOCATION (City, town, or county) (State) Rackland, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 16 1952		26. FUNERAL DIRECTOR Eva M. Wallin per Darlene Archibald	

FILE NO. 100-100000

REPORT MADE BY SPECIAL AGENT

DATE 10/10/50

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CERTIFICATE OF STILLBIRTH

State of Idaho

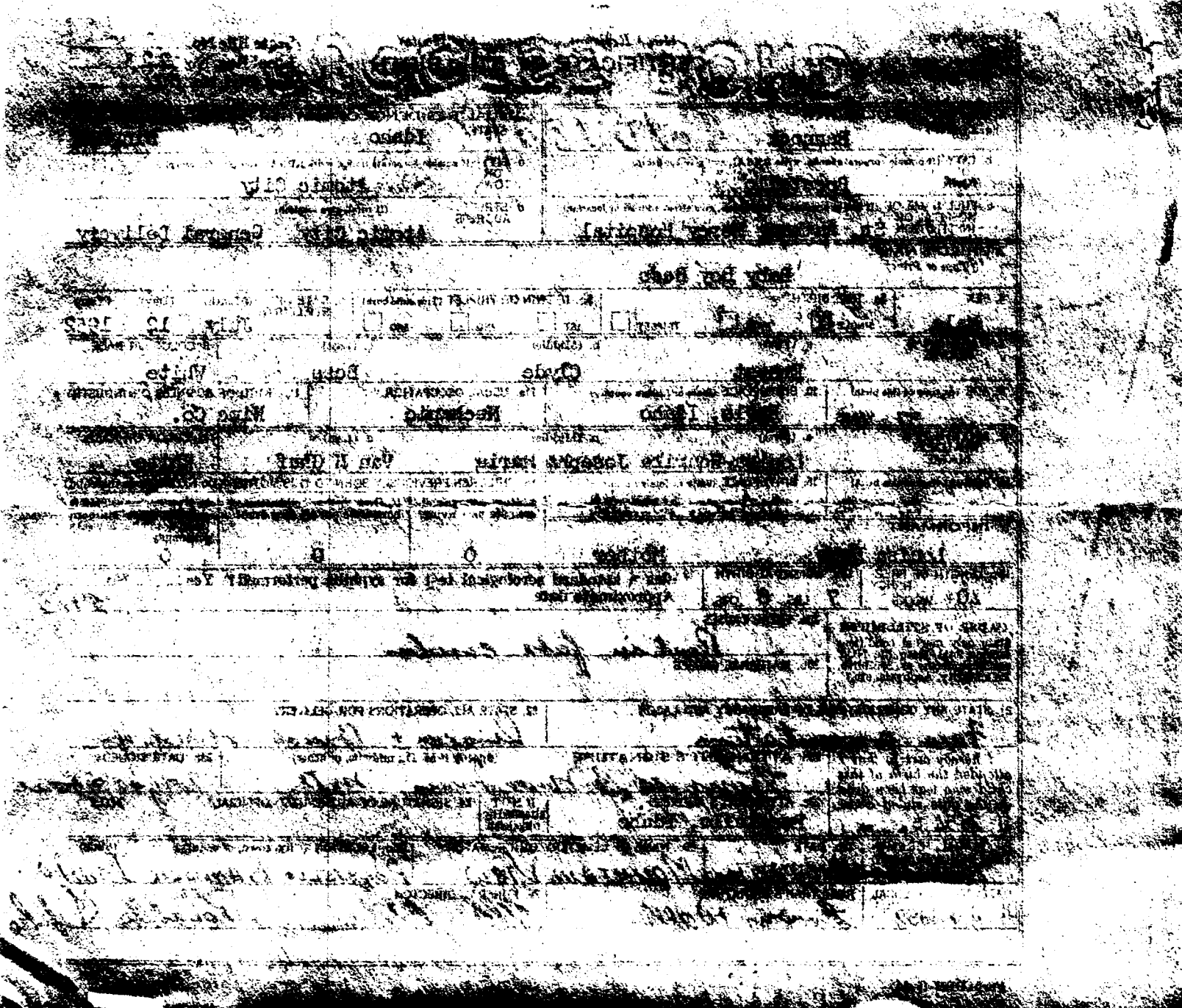
State File No.

Local Reg. No. 223Reg. Dist. No. 5/1

114

JUL 31 1952

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Atomic City	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) Atomic City General Delivery	
3. CHILD'S NAME (Type or Print) Baby Boy Bess			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 12 1952
7. FATHER'S NAME a. (First) Ernest b. (Middle) Clyde c. (Last) Bess		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Eagle, Idaho	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Nimc Co.
12. MOTHER'S MAIDEN NAME a. (First) Louisa Henrika Josepha Maria b. (Middle) Van H Ghaf c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Dilburg, Holland	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Louisa Bess Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date Y 37.3	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Rupt in fetal cord	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Face presentation		22. STATE ALL OPERATIONS FOR DELIVERY Vision + Breech extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:54 a.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Kenneth G. Mor Jones M.D.	
23b. DATE SIGNED 7-16-52		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
23d. SIGNATURE OF AUTHORIZED OFFICIAL Allen J. Manning		23e. TITLE Pocatello, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE JULY 12, 1952	25c. NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW	25d. LOCATION (City, town, or county) (State) Pocatello Bannock IDAHO
DATE REC'D BY LOCAL REG. JUL 30 1952	REGISTRAR'S SIGNATURE L. M. Wallin	26. FUNERAL DIRECTOR Allen J. Manning	



JUL 31 1952

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 115Local Reg. No. 224Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5B Pocatello Heights</u>	
3. CHILD'S NAME (Type or Print) <u>Kanoa Pond</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 13 1952</u>
7. FATHER'S NAME a. (First) <u>Ted</u> b. (Middle) <u>L.</u> c. (Last) <u>Pond</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Island Park, Idaho</u>	11a. USUAL OCCUPATION <u>Corporal</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ireta</u> b. (Middle) <u>A.</u> c. (Last) <u>Bergstrom</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Honolulu, Hawaii</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Ted L. Pond</u> <u>Father</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>14</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 34.1</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cerebral Anoxia Multiple pregnancy.</u>	
		20b. MATERNAL CAUSES <u>none</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>multiple pregnancy</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:22 p.m.</u>		23a. ATTENDANT'S SIGNATURE <u>[Signature]</u>	23b. DATE SIGNED <u>16 July 52</u>
		23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>July 16, 1952</u>	25c. NAME OF CEMETERY OR CREMATORIUM <u>MOUNTAIN VIEW</u>	25d. LOCATION (City, town, or county) (State) <u>POCATELLO BANNOCK IDAHO</u>
DATE REC'D BY LOCAL REG. <u>JUL 30 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Allen J. Manning Pocatello, Idaho</u>	

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(1949 Revision of Standard Certificate)

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JUL 13 1952

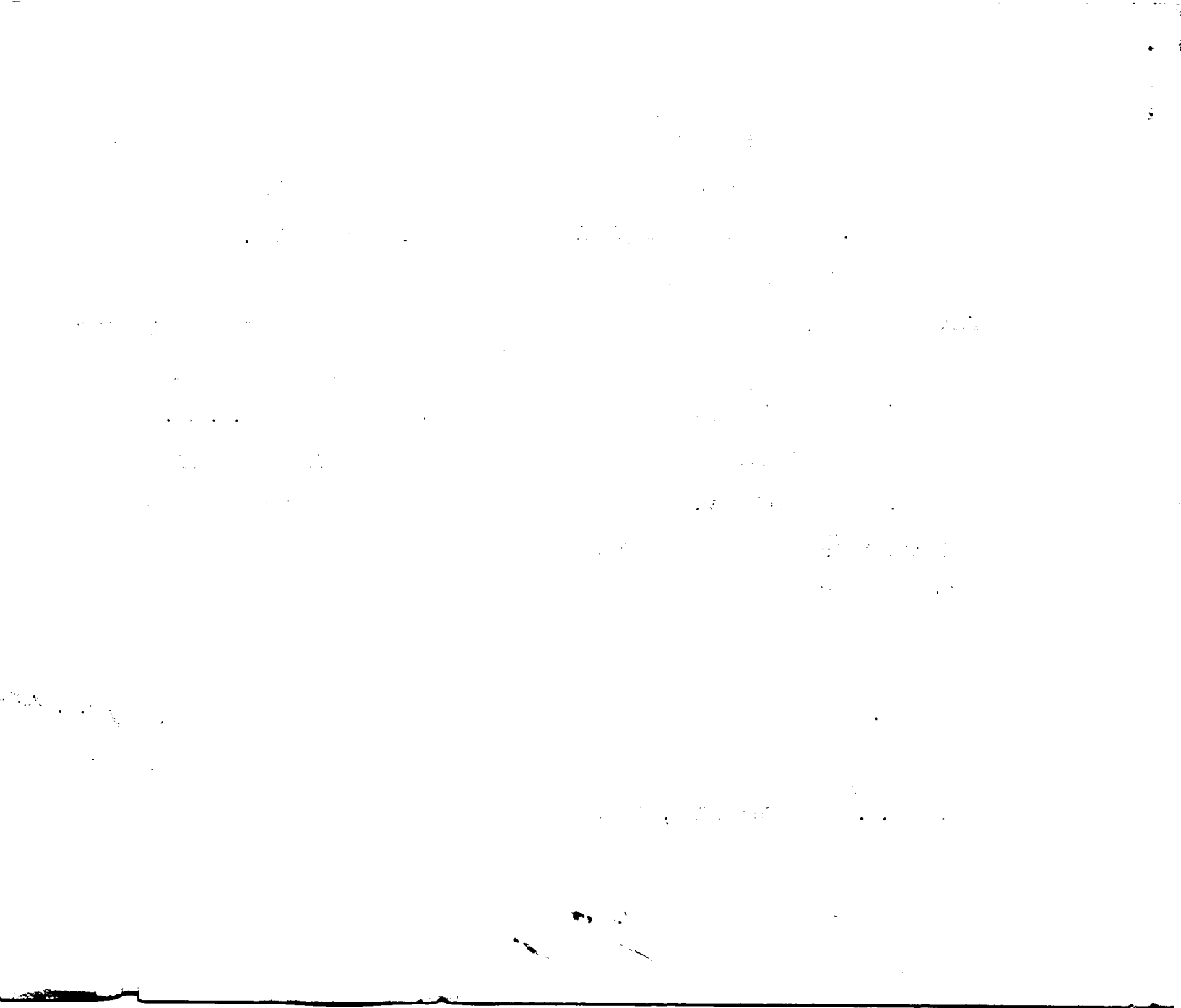
CERTIFICATE OF STILLBIRTH

State File No.
Local Reg. No. 237
Reg. Dist. No. 510

DIVISION OF VITAL

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 109 North 11th.	
3. CHILD'S NAME (Type or Print) Diane Hymas			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 21 1952
7. FATHER'S NAME a. (First) Rex b. (Middle) Ernest c. (Last) Hymas		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Liberty, Idaho	11a. USUAL OCCUPATION Conductor	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
12. MOTHER'S MAIDEN NAME a. (First) Helen b. (Middle) Austin c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Liberty, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Helen Hymas Mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Jan. 1952 y 36.2	
20a. FETAL CAUSES none apparent		20b. MATERNAL CAUSES Placenta previa; placental separation.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR as above		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:11 a.m.		23a. ATTENDANT'S SIGNATURE M. L. Hymas (Specify if M. D., midwife, or other) 23b. DATE SIGNED 31 July 1952	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Edward General Home Pocatello Idaho TITLE By J. J. Grossman	
25a. BURIAL, CREMATION, REMOVAL (Specify) removal	25b. DATE 7-22-52	25c. NAME OF CEMETERY OR CREMATORY Panis	25d. LOCATION (City, town, or county) (State) Panis Idaho
DATE REC'D BY LOCAL REG. AUG 12 1952		26. FUNERAL DIRECTOR Edward General Home Pocatello Idaho ADDRESS By J. J. Grossman	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 117

Local Reg. No. JJ3

Reg. Dist. No.

JUL 31 1952

1. PLACE OF BIRTH a. COUNTY <i>Bea Lake</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bea Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Bea Lake Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>Hospital</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Wuthrich</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>June 6 1952</i>
7. FATHER'S NAME a. (First) <i>Carl</i> b. (Middle) <i>Nelson</i> c. (Last) <i>Wuthrich</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>22</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Montpelier Idaho</i>	11a. USUAL OCCUPATION <i>Mechanic</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Sarlene</i> b. (Middle) <i>Gayle</i> c. (Last) <i>Leasing</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>17</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Hammondville Wyoming</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>None</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Carl Nelson Wuthrich</i>			
18a. LENGTH OF PREGNANCY <i>20</i> WEEKS	18b. WEIGHT AT BIRTH <i>1</i> LBS. <i>4</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>March 52</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Undetermined</i>	
		20b. MATERNAL CAUSES <i>None</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Pre-mature labor - cause undetermined</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>Montpelier</i> m.		23a. ATTENDANT'S SIGNATURE <i>Russell F. Felt</i>	23b. DATE SIGNED <i>26 June 52</i>
23c. ATTENDANT'S ADDRESS <i>South Springs Jan</i>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>W. Matthews</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>June 1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Montpelier Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Montpelier Idaho</i>
DATE REC'D BY LOCAL REG. <i>7/28/52</i>	REGISTRAR'S SIGNATURE <i>W. Matthews</i>	26. FUNERAL DIRECTOR <i>W. Matthews</i>	ADDRESS <i>Montpelier Idaho</i>

JUL 31 1952

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 118
Local Reg. No. 32
Reg. Dist. No. 410

1. PLACE OF STILLBIRTH. a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>IDAHO</u> b. COUNTY <u>BLAINE</u>	
b. CITY OR TOWN <u>SUN VALLEY</u>		c. CITY OR TOWN <u>KETCHUM</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SUN VALLEY</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>MARY TERESA GOICOECHEA</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7-17-52</u>
7. FATHER'S NAME a. (First) <u>C JOE</u> b. (Middle) <u>M.</u> c. (Last) <u>GOICOECHEA</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>42</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>BOISE, IDA</u>	11a. USUAL OCCUPATION <u>LABORER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>JONEVA</u> b. (Middle) <u>M.</u> c. (Last) <u>COATES</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>33</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>CAREY, IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5.</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Joe M. Goicoechea</u>			
18. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 32.3</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>NONE KNOWN</u>	
		20b. MATERNAL CAUSES <u>Pre-eclampsic Toxemia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none - spontaneous</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John R. Morley</u>	
23b. DATE SIGNED <u>7/21/52</u>		23c. ATTENDANT'S ADDRESS	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ray M. Goldrick</u>		TITLE <u>HAILEY, IDA.</u>	
25. BURIAL OR CREMATION REMOVAL (Specify) <u>7-19-52</u>	25b. DATE <u>7-19-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>KETCHUM</u>	25d. LOCATION (City, town, or county) (State) <u>KETCHUM IDA.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 27-1952 Robert H. Wright for</u>		26. FUNERAL DIRECTOR <u>Ray M. Goldrick</u>	

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 119

Local Reg. No. 136

Reg. Dist. No. 61D

AUG 12 1952

1. PLACE OF STILLBIRTH

a. COUNTY

Bonnerville

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

L.D.S. Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Bonnerville

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Idaho Falls

d. STREET
ADDRESS

(If rural, give location)

R-1

3. CHILD'S NAME

((Type or Print))

Adrie Ann Merritt

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

June 26 1952

7. FATHER'S NAME

a. (First)

James

b. (Middle)

ELDON

c. (Last)

Merritt

8. COLOR OR RACE

White

9. AGE (At time of this birth)

20

YEARS

10. BIRTHPLACE (State or foreign country)

Wilmington S. Dak

11a. USUAL OCCUPATION

Farmer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Vonda

b. (Middle)

c. (Last)

Thilding

13. COLOR OR RACE

White

14. AGE (At time of this birth)

18

YEARS

15. BIRTHPLACE (State or foreign country)

Idaho Falls - R-1

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

b. How many children were born alive but are now dead?

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

Harold Thilding

18a. LENGTH OF PREGNANCY

37 WEEKS

18b. WEIGHT AT BIRTH

LBS.

OZS.

19. Was a standard serological test for syphilis performed? Yes ☒ No ☐

Approximate date

July April 10, 1952 x39.5

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Exsiccation through umbilicus before birth.

20b. MATERNAL CAUSES

none

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

None

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

Asael Vall

(Specify if M. D., midwife, or other)

m. d.

23b. DATE SIGNED

July 1, 1952

23c. ATTENDANT'S ADDRESS

Rigby, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

June 30 52

25c. NAME OF CEMETERY OR CREMATORY

Milo Cemetery

25d. LOCATION (City, town, or county)

Idaho Falls - R-1

(State)

DATE REC'D BY LOCAL REG.

July 22, 1952

REGISTRAR'S SIGNATURE

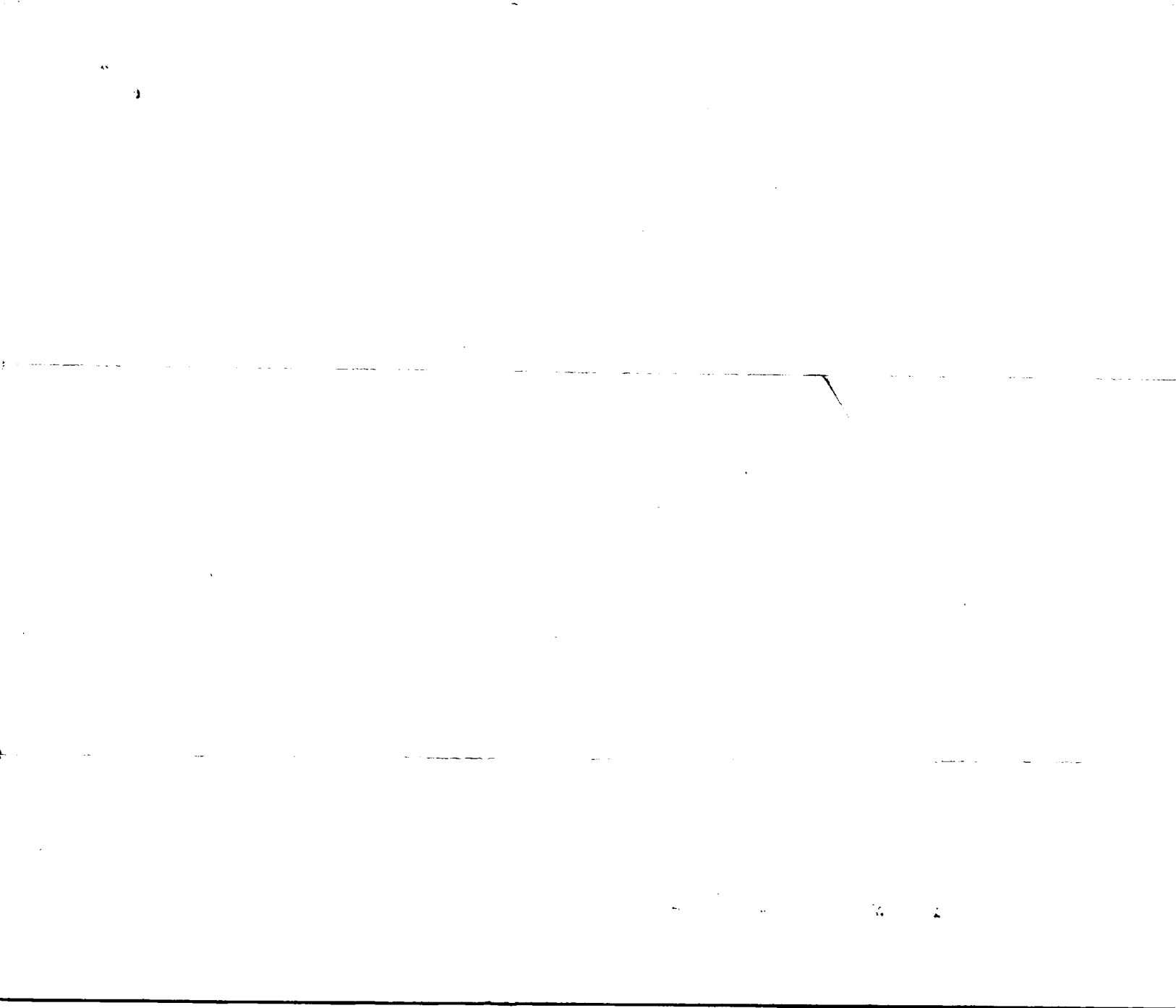
Anna Bridges

26. FUNERAL DIRECTOR

ADDRESS

Leo A. Shicisms

Idaho Falls



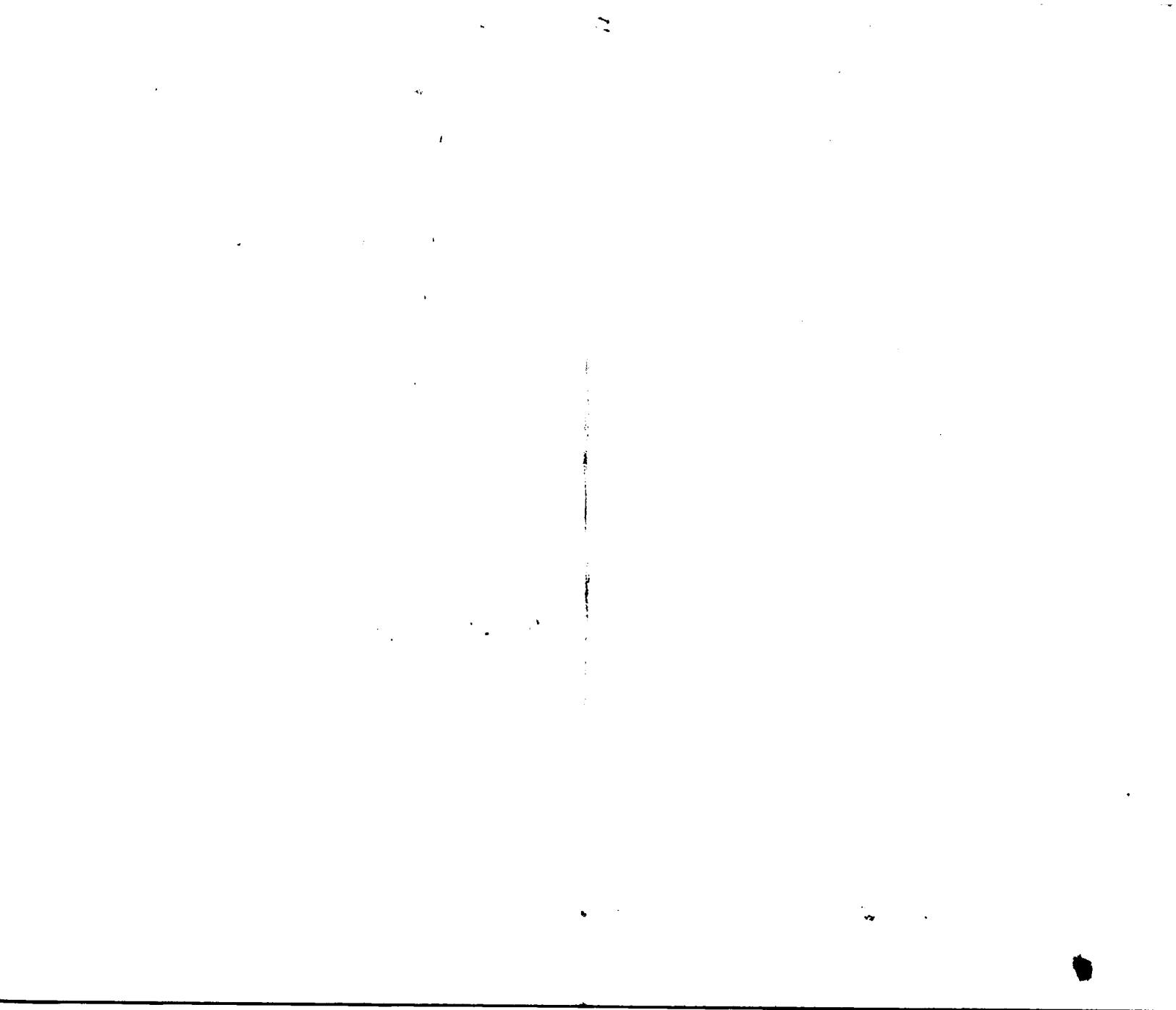
AUG 12 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.
Local Reg. No. 193
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonneville	
b. CITY OR TOWN Idaho Falls		c. CITY OR TOWN Idaho Falls	
c. FULL NAME OF (If not in hospital or institution, give street address or location) Sacred Heart		d. STREET ADDRESS (If rural, give location) 153 E. 18th St.	
3. CHILD'S NAME (Type or Print) Infant Linger			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 20 1952
7. FATHER'S NAME a. (First) Charles b. (Middle) Reuben c. (Last) Linger		8. COLOR OR RACE White	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Plumber	11b. KIND OF BUSINESS OR INDUSTRY General Construction
12. MOTHER'S MAIDEN NAME a. (First) Frances b. (Middle) Jean c. (Last) Croft		13. COLOR OR RACE White	
14. AGE (At time of this birth) 25 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Ethel L. Linger			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/39.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Erythroblastosis 20b. MATERNAL CAUSES Rh negative		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Rh negative		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) J. H. Carey M.D. 23b. DATE SIGNED 7/28/52 23c. ATTENDANT'S ADDRESS Idaho Falls, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE July 21, 1952	
25c. NAME OF CEMETERY OR CREMATORY Fielding Mem. Park		25d. LOCATION (City, town, or county) (State) Bonneville Idaho	
26. FUNERAL DIRECTOR Orland L. Beck		26. ADDRESS Idaho Falls, Idaho	



CERTIFICATE OF STILLBIRTH

State of Idaho

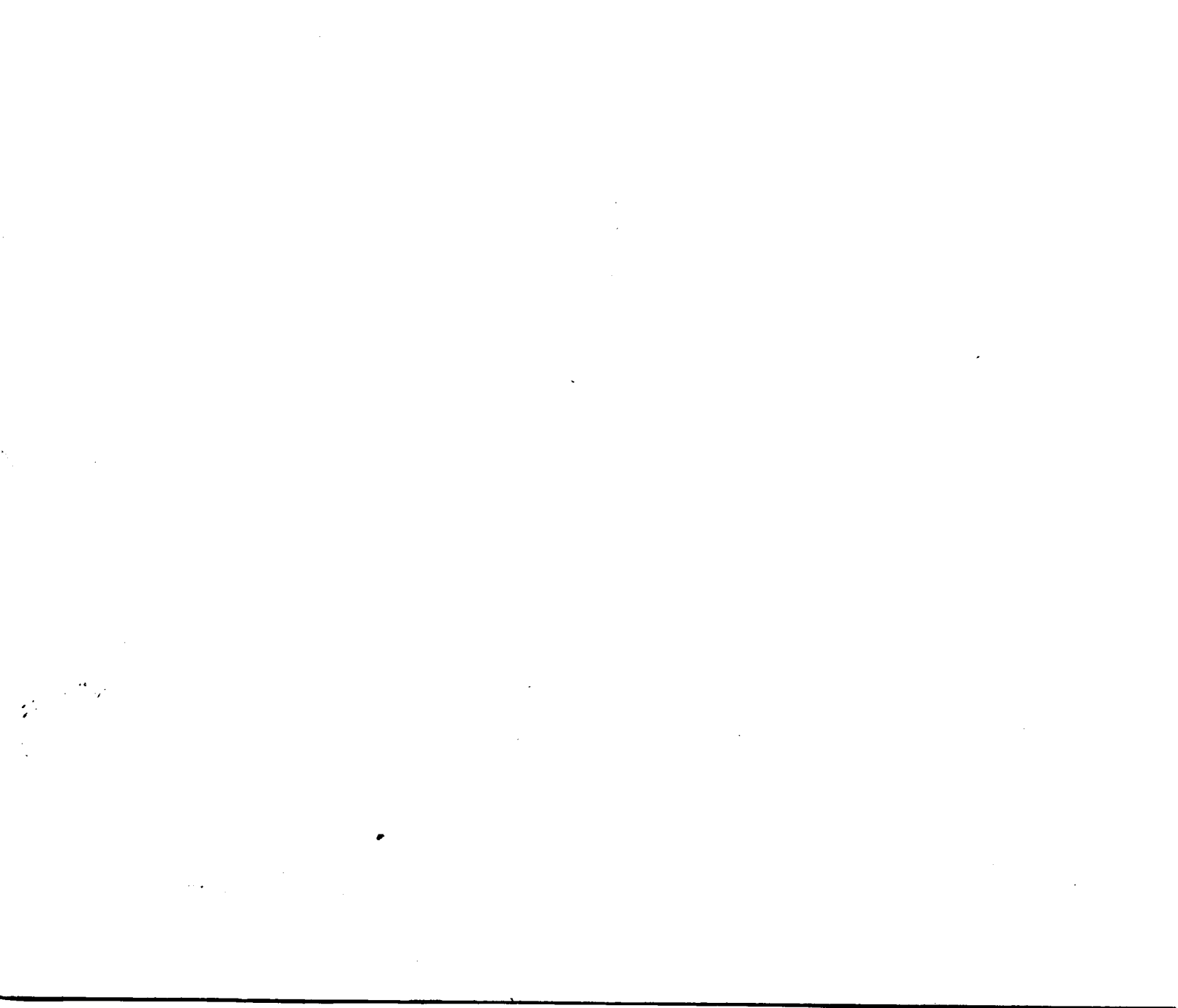
State File No. 121

Local Reg. No. 10

Reg. Dist. No. 360

AUG 2 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon.</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wilder.</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Box 267</u>	
3. CHILD'S NAME (Type or Print) <u>Pierce Johnson.</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 15 1952.</u>
7. FATHER'S NAME <u>Amil</u>	a. (First)	b. (Middle) <u>WEE</u>	c. (Last) <u>Johnson</u>
8. COLOR OR RACE <u>White.</u>			
9. AGE (At time of this birth) <u>43</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Douglas Co. Mo.</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor.</u>
12. MOTHER'S MAIDEN NAME <u>Bessie</u>	a. (First)	b. (Middle) <u>Beatrice.</u>	c. (Last) <u>Carter</u>
13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>42.</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>N. Dakota.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Bessie Johnson (mother)</u>			
18a. LENGTH OF PREG- NANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/36/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>	
		20b. MATERNAL CAUSES <u>Premature Separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>E. K. Kistler M.D.</u>	
23b. DATE SIGNED <u>7-16</u>		23c. ATTENDANT'S ADDRESS <u>Caldwell</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>G. V. Peckham</u>		TITLE <u>Chapel</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 17-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Wilder</u>	25d. LOCATION (City, town, or county) (State) <u>Wilder, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7/28/52</u>	REGISTRAR'S SIGNATURE <u>Agneta M. Denman</u>	26. FUNERAL DIRECTOR <u>G. V. Peckham</u>	



RECEIVED

PHS-797(VS)

4-48

FEDERAL BUREAU OF
PUBLIC HEALTH SERVICE

JUL 14 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITAL

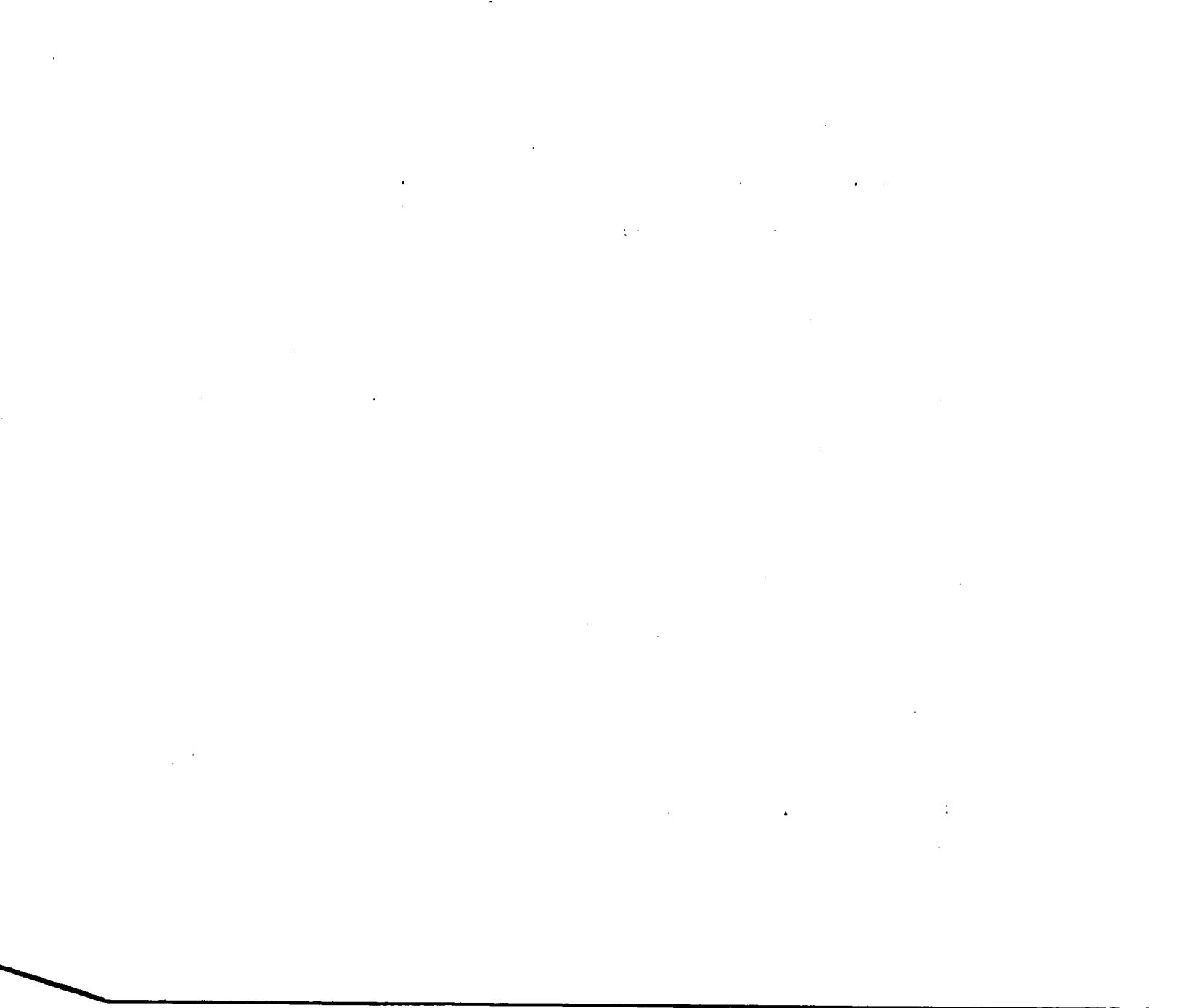
STATISTICS
STATE OF IDAHOState File No. 122
Local Reg. No. 1
Reg. Dist. No. 520-521

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Conda</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Allan Ray Benham</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 8, 1952</u>
7. FATHER'S NAME a. (First) <u>Jimmy</u> b. (Middle) <u>Melville</u> c. (Last) <u>Benham</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>22</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Yaquina, Washington</u>	11a. USUAL OCCUPATION <u>Miner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Huacunda Copper Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Grilla</u> c. (Last) <u>Chugg</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Soda Springs, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many other children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Opillia Benham</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>January, 1952</u> <u>y 30.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Unknown</u>	
		20b. MATERNAL CAUSES <u>Mother had Syphilis. Rubens have been here for 2 years.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u> </u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Allen L. Tugan, M.D.</u>	
		23b. DATE SIGNED <u>7/9/52</u>	
23c. ATTENDANT'S ADDRESS <u>Soda Springs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u> </u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 8, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Soda Springs, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-8-52</u>	REGISTRAR'S SIGNATURE <u>Roma C. Ellis</u>	26. FUNERAL DIRECTOR <u> </u> ADDRESS <u>Soda Springs, Idaho</u>	

RECEIVED (1949 Revision of Standard Certificate)
AUG 4 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITALS State of Idaho

State File No. 123
Local Reg. No. 33
Reg. Dist. No. 38

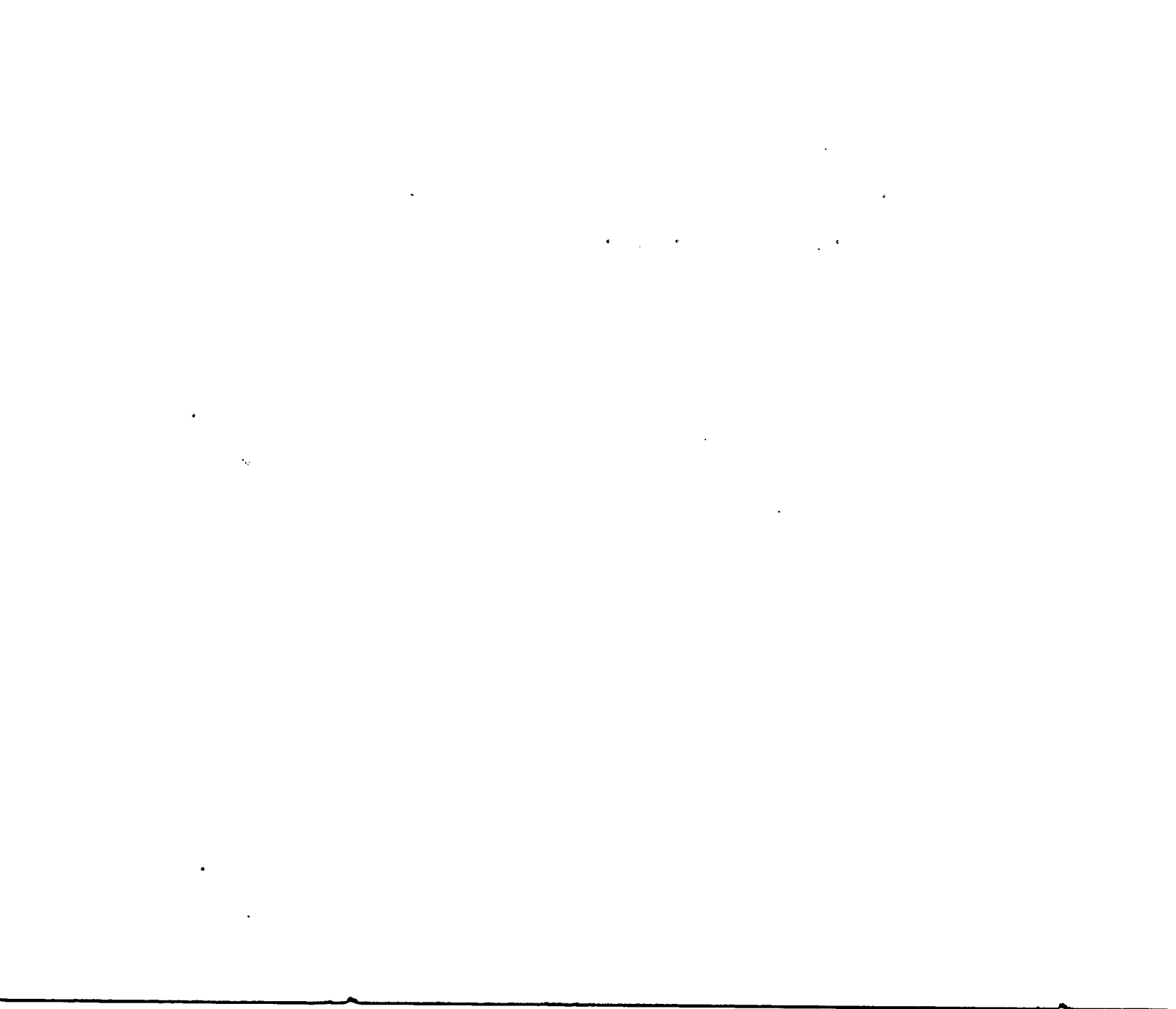
1. PLACE OF STILLBIRTH a. COUNTY ELMORE			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY ELMORE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MT. HOME AFB, IDAHO			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MT. HOME		
c. FULL NAME OF HOSPITAL OR INSTITUTION USAF HOSP, MT HOME AFB, IDAHO			d. STREET ADDRESS (If rural, give location) OREGON TRAIL COURTS		
3. CHILD'S NAME (Type or Print)					
ANETTA		JANE		NIELSEN	
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) JULY 23 1952	
7. FATHER'S NAME a. (First) CARL		b. (Middle) MARINUS		c. (Last) NIELSEN	
8. COLOR OR RACE CAUCASIAN					
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) IDAHO MERIDIAN	11a. USUAL OCCUPATION USAF (AMN)		11b. KIND OF BUSINESS OR INDUSTRY USAF	
12. MOTHER'S MAIDEN NAME a. (First) CARMELITA		b. (Middle) JUNE		c. (Last) THOMPSON	
13. COLOR OR RACE CAUCASIAN					
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) TEXAS IOWA PARK	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
		a. How many children are now living? NONE		b. How many children were born alive but are now dead? NONE	
		c. How many other children were stillborn (born dead after 20 weeks pregnancy)? NONE			
17. INFORMANT <i>Carl Marinus Nielsen</i> (FATHER)					
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 11 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 35.3			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES RESPIRATORY, CARDIAC AND CEREBRAL FAILURE			
		20b. MATERNAL CAUSES NONE			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR NONE			22. STATE ALL OPERATIONS FOR DELIVERY NONE		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:00 P.m.		23a. ATTENDANT'S SIGNATURE <i>John M. Barbato M.D.</i>		23b. DATE SIGNED 24 JULY 1952	
		23c. ATTENDANT'S ADDRESS MT. HOME AFB, IDAHO		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>John M. Barbato</i>	
		IF NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	25b. DATE July 26, 1952	25c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery		25d. LOCATION (City, town, or county) (State) Meridian Idaho	
DATE REC'D BY LOCAL REG. July 25, 1952		REGISTERAR'S SIGNATURE <i>H. Anderson</i>		26. FUNERAL DIRECTOR ADDRESS <i>Ray Mountain Home Idaho</i>	



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AUG 13 1952 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS
State of Idaho

State File No. 124
 Local Reg. No. 76
 Reg. Dist. No. 650

1. PLACE OF STILLBIRTH a. COUNTY Fremont b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony, Gen. Hosp.			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME ((Type or Print)) Baby Girl Nave					
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) July 30, 1952
7. FATHER'S NAME Keith Nave			a. (First) b. (Middle) c. (Last)		8. COLOR OR RACE White
9. AGE (At time of this birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Sugar City, Idaho		11a. USUAL OCCUPATION Confectionary operator		11b. KIND OF BUSINESS OR INDUSTRY self.
12. MOTHER'S MAIDEN NAME Donna Reynolds			a. (First) b. (Middle) c. (Last)		13. COLOR OR RACE White
14. AGE (At time of this birth) 23 YEARS	15. BIRTHPLACE (State or foreign country) St. Anthony, Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		
17. INFORMANT <i>Keith Nave</i>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 39.6			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Cause undetermined</i> 20b. MATERNAL CAUSES <i>Cause undetermined</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>Episiotomy</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <i>Jo Benton MD</i>		23b. DATE SIGNED <i>4 Aug 52</i>	
23c. ATTENDANT'S ADDRESS		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1 August 52	25c. NAME OF CEMETERY OR CREMATORY Teton	25d. LOCATION (City, town, or county) (State) Teton RFD, Idaho.		
DATE REC'D BY LOCAL REG. <i>4 Aug 52</i>	REGISTRAR'S SIGNATURE <i>M. J. Hansen</i>		26. FUNERAL DIRECTOR ADDRESS <i>M. J. Hansen</i> St. Anthony, Idaho		



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(1949 Revision of Standard Certificate)

JUL 15 1952

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 125
Local Reg. No. 2
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY Gem		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gem	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Emmett	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mary Secor Hosp.		d. STREET ADDRESS (If rural, give location) West of Emmett	
3. CHILD'S NAME (Type or Print) Edmond Lee Sherrill			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 12, 1952
7. FATHER'S NAME a. (First) Taylor b. (Middle) Finis c. (Last) Sherrill		8. COLOR OR RACE white	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Norwood, Idaho	11a. USUAL OCCUPATION Lever puller	11b. KIND OF BUSINESS OR INDUSTRY Lumber
12. MOTHER'S MAIDEN NAME a. (First) Sarrah b. (Middle) Pauline c. (Last) Martin		13. COLOR OR RACE white	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Emmett, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Harold Finis Sherrill			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date Feb, 1952 y 36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Obstruction of Cord 20b. MATERNAL CAUSES Premature separation of placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature separation of placenta		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. A. Wood, M. D. 23c. ATTENDANT'S ADDRESS Emmett, Idaho	
23b. DATE SIGNED 12 July 1952		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/14/1952	25c. NAME OF CEMETERY OR CREMATORY Riverside	25d. LOCATION (City, town, or county) (State) Emmett, Idaho
DATE REC'D BY LOCAL REG. July 12, 1952		26. FUNERAL DIRECTOR Beatty Chapel, Emmett, Idaho	

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 126
Local Reg. No. 4
Reg. Dist. No. 340-941

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Emmett</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Emmett</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Secor Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Eldon Eugene Mount</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 22, 1952</u>
7. FATHER'S NAME a. (First) <u>Unknown</u> b. (Middle) c. (Last)			8. COLOR OR RACE <u>white</u>
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Amanda</u> b. (Middle) <u>Jewel</u> c. (Last) <u>Mount</u>			13. COLOR OR RACE <u>white</u>
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Cascade, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Miss Frank Kinson</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Placental infarcts</u> <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:22 A.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Quentin E. Howard, M.D.</u> 23c. ATTENDANT'S ADDRESS <u>Emmett, Idaho</u>	
23b. DATE SIGNED <u>July 24, 1952</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>July 22, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 24, 1952</u>		26. FUNERAL DIRECTOR ADDRESS <u>Beatty Chapel Emmett, Idaho</u>	

AUG 13 1952

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 123
Local Reg. No. 75183
Reg. Dist. No. 420

1. PLACE OF STILLBIRTH a. COUNTY Gooding b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hagerman c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gooding County Memorial Hosp.			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Gooding c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hagerman d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Infant Girl Jenkins					
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) July 24, 1952
7. FATHER'S NAME a. (First) Carl b. (Middle) Edward c. (Last) Jenkins		8. COLOR OR RACE White			
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Hagerman, Idaho		11a. USUAL OCCUPATION Machinist		11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Gladys b. (Middle) K. c. (Last) Klemm		13. COLOR OR RACE White			
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) New Jersey		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 8 b. How many children were born alive but are now dead? 3 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None		
17. INFORMANT <i>Raye Bonning</i>					
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 7/25/52			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
		20b. MATERNAL CAUSES <i>Pre-Mature Separation of Placenta</i>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Hemorrhage</i>			22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9 A m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) <i>F. E. O'Brien M.D.</i>		23b. DATE SIGNED 7/25/52	
		23c. ATTENDANT'S ADDRESS <i>Gooding, Ida</i>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7/25/52	25c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery		25d. LOCATION (City, town, or county) (State) Hagerman, Idaho	
DATE REC'D BY LOCAL REG. 7-28-52	REGISTRAR'S SIGNATURE <i>J. H. Cornwell</i>		26. FUNERAL DIRECTOR ADDRESS <i>Geo. Jensen</i> GOODING, IDAHO		

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 128
Local Reg. No. 5
Reg. Dist. No. 120

AUG 11 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake City General Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>509 Garden Ave.</u>		
3. CHILD'S NAME (Type or Print) <u>Sally Lynn Schooler</u>					
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>25</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Howard</u> b. (Middle) <u>Schooler</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>40</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Idaho</u>		11a. USUAL OCCUPATION <u>Carpenter</u>	
				11b. KIND OF BUSINESS OR INDUSTRY <u>self-employed</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Bea</u> b. (Middle) <u>Albertson</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>40</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Canada</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Howard Schooler</u>					
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes. <u>X</u> No. <u>36.0</u> Approximate date <u>10-51</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>asphyxiation</u>			
		20b. MATERNAL CAUSES <u>prolapsed umbilical cord</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>prolapsed umbilical cord</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>routine midline episiotomy</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>CG Gardner M.D.</u>		23b. DATE SIGNED <u>8-1-52</u>	
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gilbert Yates</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>7-26-52</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	
				25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>8-1-52</u>		REGISTRAR'S SIGNATURE <u>Lorraine K. Bruce</u>		26. FUNERAL DIRECTOR <u>Gilbert Yates</u> ADDRESS <u>Coeur d'Alene, Idaho</u>	

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 129

Local Reg. No. 23

Reg. Dist. No. 240

JUL 21 1952

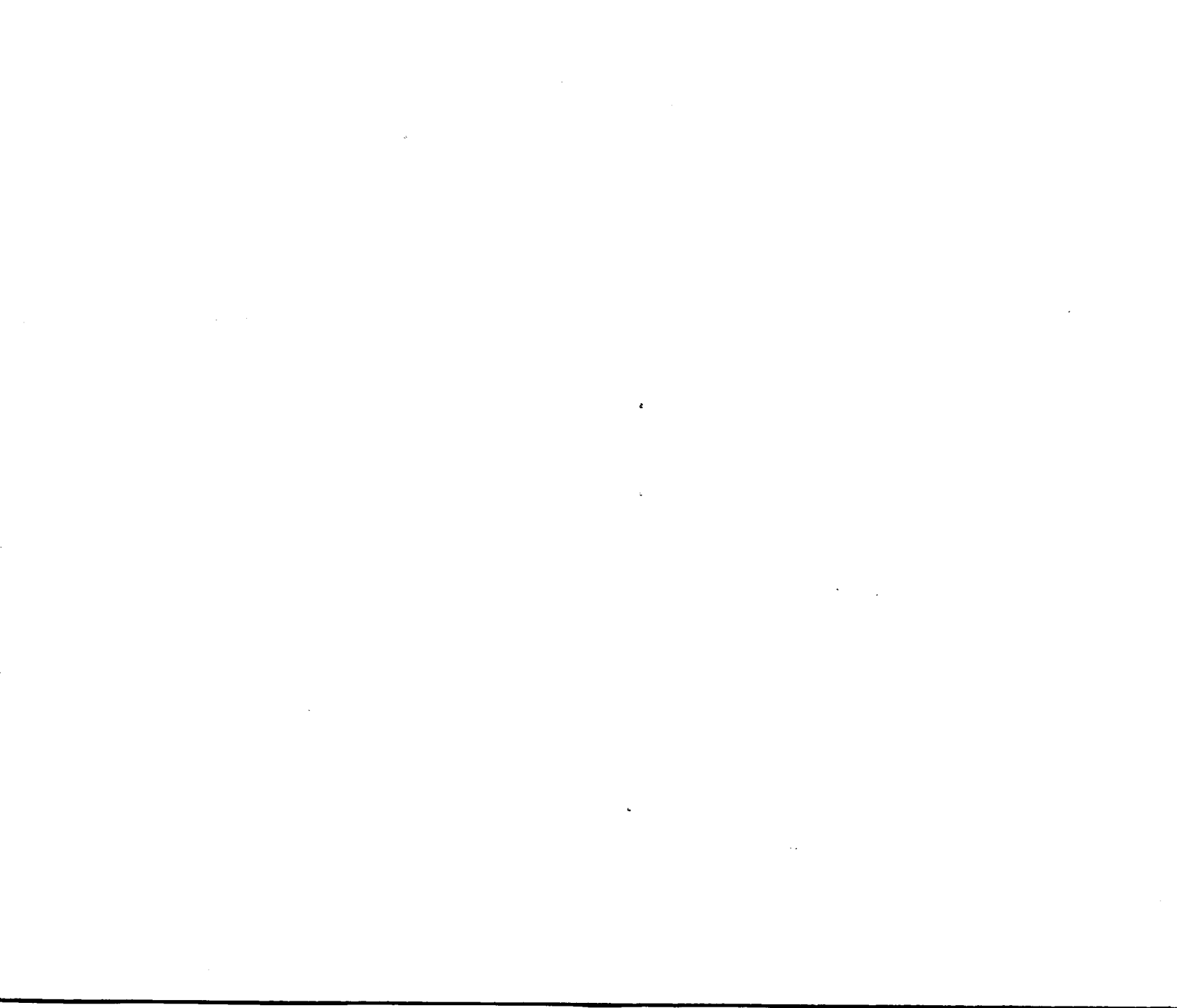
1. PLACE OF STILLBIRTH a. COUNTY Latah		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Latah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOSCOW		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOSCOW	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Critman Hospital		d. STREET ADDRESS (If rural, give location) 625 S. Adams	
3. CHILD'S NAME ((Type or Print)) Mark Allen Bontrager			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) July 9, 1952
7. FATHER'S NAME a. (First) Gilbert	b. (Middle)	c. (Last) Bontrager	8. COLOR OR RACE White
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Ketchikan, Alaska	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Auto Salesman
12. MOTHER'S MAIDEN NAME a. (First) Lois	b. (Middle) Jean	c. (Last) Van Buskirk	13. COLOR OR RACE White
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Potlatch, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Gilbert Bontrager			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 10 LBS. 1 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 7/34/1	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Dystocia between size of baby and pelvis of mother. 20b. MATERNAL CAUSES		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Dystocia or labor		22. STATE ALL OPERATIONS FOR DELIVERY Forceps delivery - distention of shoulders	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:35 a.m.		23a. ATTENDANT'S SIGNATURE J.W. DeBue M.D. 23c. ATTENDANT'S ADDRESS Palouse, Wash.	
23b. DATE SIGNED 7/11/52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 7-15-52	25c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery	25d. LOCATION (City, town, or county) (State) Moscow, Idaho
DATE REC'D BY LOCAL REG. 7/15/52	REGISTRAR'S SIGNATURE Louis E. Angel	26. FUNERAL DIRECTOR ADDRESS He Kimball Palouse, Wash.	

CERTIFICATE OF STILLBIRTH

State of Idaho

RECEIVED
JUL 30 1952
DIVISION OF VITALS

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Wash.</u> b. COUNTY <u>Whitman</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palouse</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Gritman Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Pullman Road</u>	
3. CHILD'S NAME (Type or Print) <u>Lola Marie Ulrich</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 18, 1952</u>
7. FATHER'S NAME a. (First) <u>Franklin</u> b. (Middle) <u>Henry</u> c. (Last) <u>Ulrich</u>	8. COLOR OR RACE <u>White</u>		
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Rosalia Wash.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Betty</u> b. (Middle) <u>June</u> c. (Last) <u>Kern</u>	13. COLOR OR RACE <u>White</u>		
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colfax, Wash.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Franklin Henry Ulrich</u>			
18a. LENGTH OF PREGNANCY <u>42</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>12 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>April 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prolapse of umbilical cord</u> 20b. MATERNAL CAUSES <u>None</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None except for prolapse of cord</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:40 P. m.</u>		23a. ATTENDANT'S SIGNATURE <u>J. W. DeBree M.D.</u>	23b. DATE SIGNED <u>7/20/52</u>
23c. ATTENDANT'S ADDRESS <u>Palouse, Wash.</u>		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>W. J. DeBree</u> TITLE
25a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7-20-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Palouse, Washington</u>
DATE REC'D BY LOCAL REG. <u>7/25/52</u>	REGISTRAR'S SIGNATURE <u>Lois E. Angel</u>	26. FUNERAL DIRECTOR <u>W. J. DeBree</u> ADDRESS	



RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 JUL 16 1952
 DIVISION OF VITAL STATISTICS
 State of Idaho

State File No. 131
 Local Reg. No. 190
 Reg. Dist. No. 6062

1. PLACE OF STILLBIRTH a. COUNTY <u>Lemhi</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lemhi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Baker</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Steel Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print) <u>Baby Girl Olsen</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>7</u> <u>6</u> <u>52</u>

7. FATHER'S NAME a. (First) <u>Donald</u> b. (Middle) c. (Last) <u>Olsen</u>		8. COLOR OR RACE <u>White</u>
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Salmon Oregon</u>	11a. USUAL OCCUPATION <u>Rancher</u>
		11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME a. (First) <u>Naomi</u> b. (Middle) c. (Last) <u>Jenson</u>		13. COLOR OR RACE <u>White</u>
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Arco, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>none</u>

17. INFORMANT <u>Donald Olsen</u>	18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH <u>1</u> LBS. <u>1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>No</u> Approximate date <u>7-9-52</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Premature Placental Separation</u>	20a. FETAL CAUSES	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9</u> P. M.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>D. L. Mulder, M.D.</u>	23b. DATE SIGNED <u>7-9-52</u>
	23c. ATTENDANT'S ADDRESS <u>Salmon, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>7/9/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Salmon, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>7-17-52</u>	REGISTRAR'S SIGNATURE <u>Viola E. Johnson</u>	26. FUNERAL DIRECTOR <u>Herbert C. Jones</u>	ADDRESS <u>Salmon, Idaho</u>
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UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION		WASHINGTON, D. C. 20535	
TO : DIRECTOR, FBI		FROM : SAC, NEW YORK (100-100000)	
SUBJECT: [REDACTED]		DATE: 10/10/63	
RE: [REDACTED]		CLASSIFICATION: [REDACTED]	
1. [REDACTED]		2. [REDACTED]	
3. [REDACTED]		4. [REDACTED]	
5. [REDACTED]		6. [REDACTED]	
7. [REDACTED]		8. [REDACTED]	
9. [REDACTED]		10. [REDACTED]	
11. [REDACTED]		12. [REDACTED]	
13. [REDACTED]		14. [REDACTED]	
15. [REDACTED]		16. [REDACTED]	
17. [REDACTED]		18. [REDACTED]	
19. [REDACTED]		20. [REDACTED]	
21. [REDACTED]		22. [REDACTED]	
23. [REDACTED]		24. [REDACTED]	
25. [REDACTED]		26. [REDACTED]	
27. [REDACTED]		28. [REDACTED]	
29. [REDACTED]		30. [REDACTED]	
31. [REDACTED]		32. [REDACTED]	
33. [REDACTED]		34. [REDACTED]	
35. [REDACTED]		36. [REDACTED]	
37. [REDACTED]		38. [REDACTED]	
39. [REDACTED]		40. [REDACTED]	
41. [REDACTED]		42. [REDACTED]	
43. [REDACTED]		44. [REDACTED]	
45. [REDACTED]		46. [REDACTED]	
47. [REDACTED]		48. [REDACTED]	
49. [REDACTED]		50. [REDACTED]	
51. [REDACTED]		52. [REDACTED]	
53. [REDACTED]		54. [REDACTED]	
55. [REDACTED]		56. [REDACTED]	
57. [REDACTED]		58. [REDACTED]	
59. [REDACTED]		60. [REDACTED]	
61. [REDACTED]		62. [REDACTED]	
63. [REDACTED]		64. [REDACTED]	
65. [REDACTED]		66. [REDACTED]	
67. [REDACTED]		68. [REDACTED]	
69. [REDACTED]		70. [REDACTED]	
71. [REDACTED]		72. [REDACTED]	
73. [REDACTED]		74. [REDACTED]	
75. [REDACTED]		76. [REDACTED]	
77. [REDACTED]		78. [REDACTED]	
79. [REDACTED]		80. [REDACTED]	
81. [REDACTED]		82. [REDACTED]	
83. [REDACTED]		84. [REDACTED]	
85. [REDACTED]		86. [REDACTED]	
87. [REDACTED]		88. [REDACTED]	
89. [REDACTED]		90. [REDACTED]	
91. [REDACTED]		92. [REDACTED]	
93. [REDACTED]		94. [REDACTED]	
95. [REDACTED]		96. [REDACTED]	
97. [REDACTED]		98. [REDACTED]	
99. [REDACTED]		100. [REDACTED]	

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AUG 13 1952 (1949 Revision of Standard Certificate)

State File No.

Local Reg. No. 38

Reg. Dist. No. 452

DIVISION OF VITAL STATISTICS
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <i>minidoka</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>minidoka</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rupert</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rupert</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Rupert General</i>		d. STREET ADDRESS (If rural, give location) <i>Road 1</i>	
3. CHILD'S NAME (Type or Print) <i>Luanna Whiting</i>			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>June 19 1952</i>
7. FATHER'S NAME a. (First) <i>Earth</i> b. (Middle) <i>Holland</i> c. (Last) <i>Whiting</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>35</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>mapleton utah</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Evelyn</i> b. (Middle) <i>drene</i> c. (Last) <i>Egli</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>34</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Lanark Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>3</i> b. How many children were born alive but are now dead? <i>1</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Earth Whiting, father</i>			
18a. LENGTH OF PREGNANCY <i>40</i> WEEKS	18b. WEIGHT AT BIRTH <i>7 1/2</i> LBS. <i>0</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>1-11-52</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Intrauterine anoxia.</i>	
		20b. MATERNAL CAUSES <i>Compression of umbilical cord during delivery.</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>2:35 A. m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Carroll M. Elmore, M.D.</i> 23b. DATE SIGNED <i>7/19/52</i>	
23c. ATTENDANT'S ADDRESS <i>Rupert, Idaho</i>		If NOT attended by physician 24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>6-18-52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Rupert Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Rupert Idaho</i>
DATE REC'D BY LOCAL REG. <i>7/19/52</i>	REGISTRAR'S SIGNATURE <i>E. Elmore</i>	26. FUNERAL DIRECTOR <i>Alan Goodman</i> ADDRESS <i>Rupert Ida</i>	

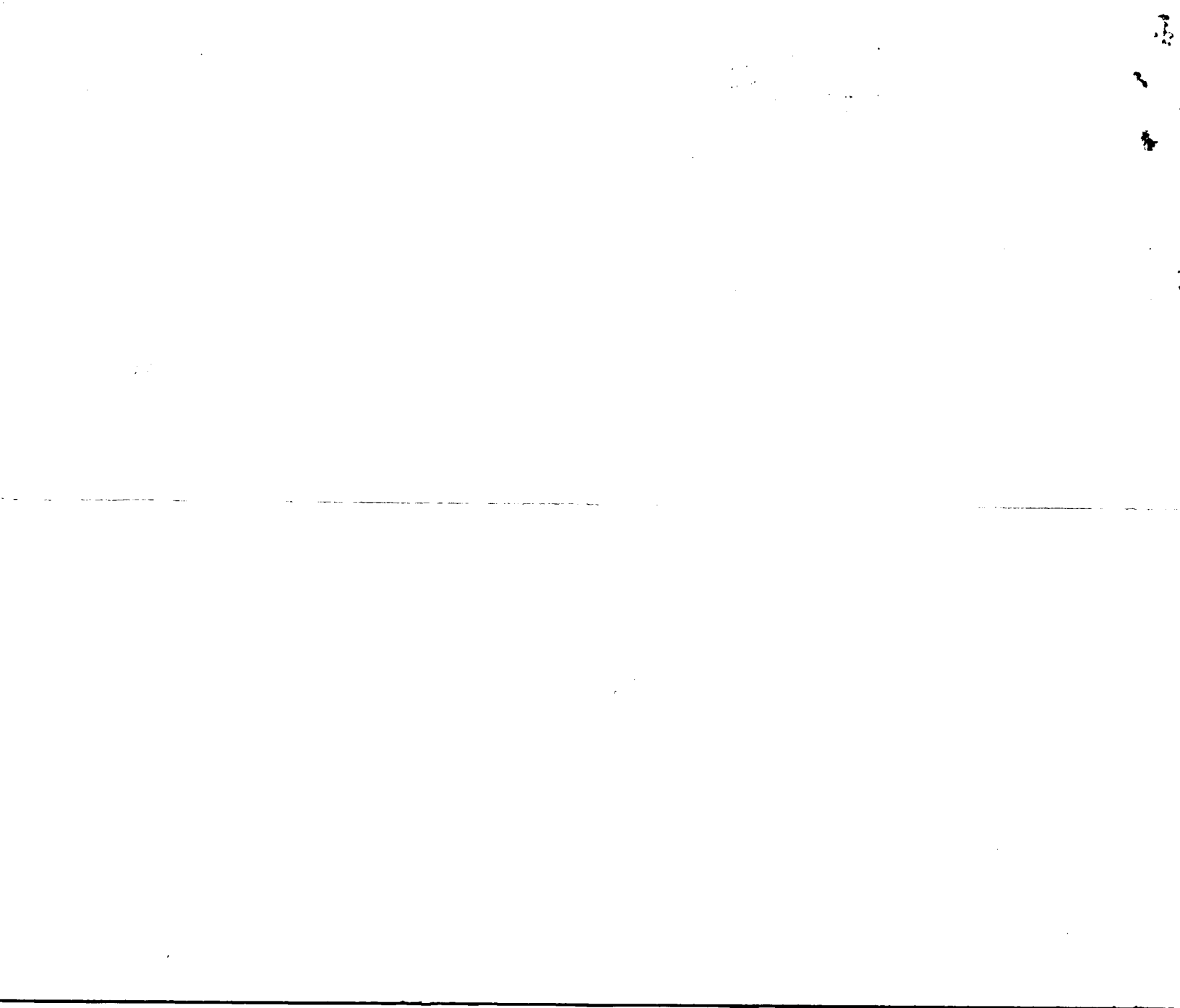
RECEIVED

JUL 16 1952 (1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 133
Local Reg. No. 130
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY <u>NezPerce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>NezPerce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Joseph Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>1806 - 9th Ave.</u>	
3. CHILD'S NAME (Type or Print) <u>Fredrick Allen Moan</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 5, 1952</u>
7. FATHER'S NAME a. (First) <u>Alvin</u> b. (Middle) <u>C</u> c. (Last) <u>Moan</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>46</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>N. Dak.</u>	11a. USUAL OCCUPATION <u>Janitor</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Gladys</u> b. (Middle) c. (Last) <u>Freeman</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>30</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colo.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Alvin C Moan</u>			
18a. LENGTH OF PREGNANCY <u>Term</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>7</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7-36-52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Placental infarction</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>0</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>3:33 a.m.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>M.D.</u> 23b. DATE SIGNED <u>7-7-52</u>	
23c. ATTENDANT'S ADDRESS <u>Lewiston Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>July 8, 1952</u>	25c. NAME OF CEMETERY <u>Normal Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 7, 1952</u>		26. FUNERAL DIRECTOR <u>Brower-Wann Co.</u> ADDRESS <u>444</u> <u>Lewiston, Idaho</u>	



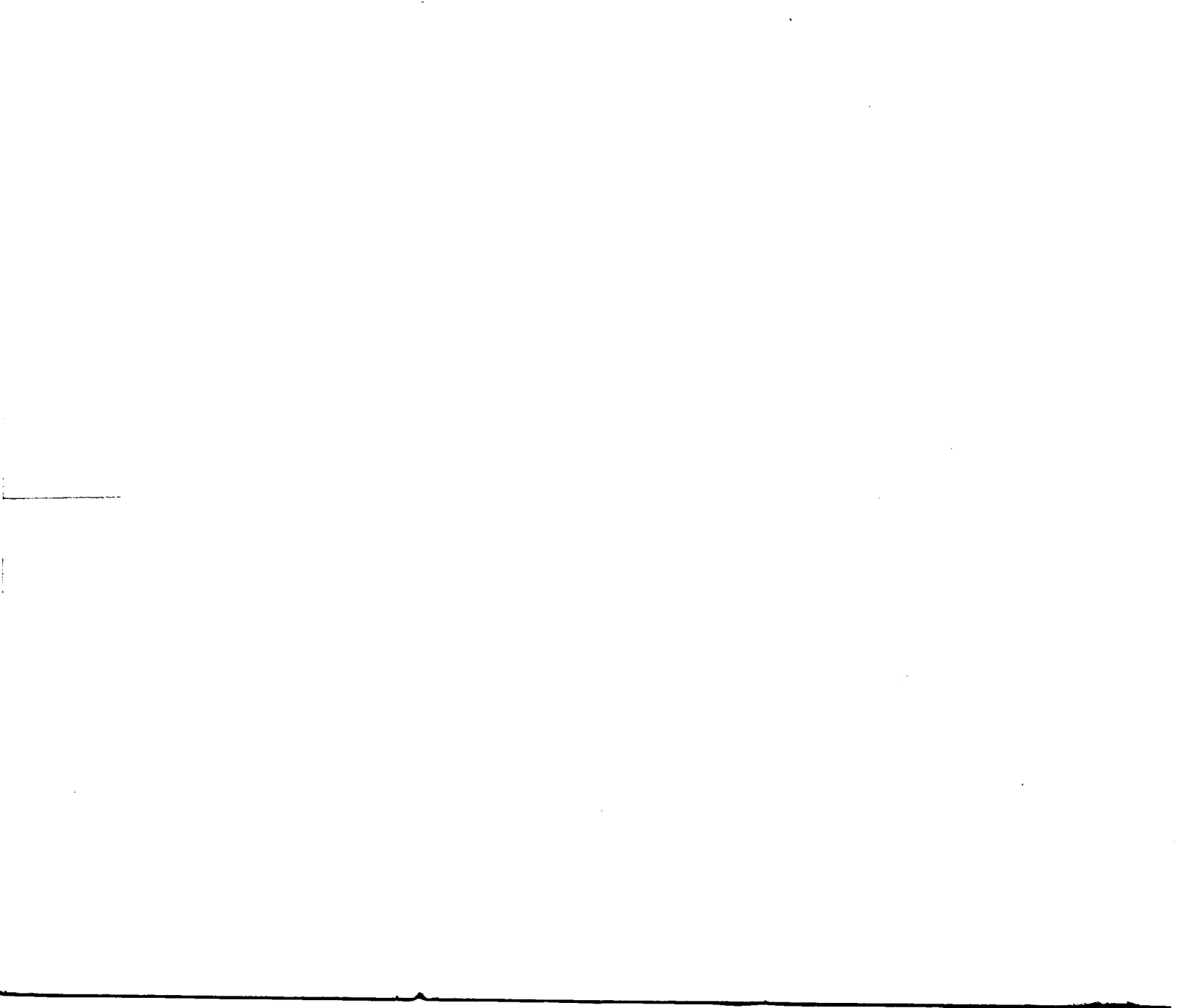
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH

State File No. 134
Local Reg. No. 135
Reg. Dist. No. 220

AUG 1 1952

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>NezPerce</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>NezPerce</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewiston</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 - Box 575</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Saltz</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 14, 1952</u>
7. FATHER'S NAME a. (First) <u>Clyde</u> b. (Middle) <u>Saltz</u> c. (Last) <u>Saltz</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>45 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	11a. USUAL OCCUPATION <u>U.S. Special Agent</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Government</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Phyllis</u> b. (Middle) <u>Crawford</u> c. (Last) <u>Crawford</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>32 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Clyde B. Saltz</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Asphyxia Thoracica (Intra uterina)</u> 20b. MATERNAL CAUSES <u>Abruptio Placentae</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>As above.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:04 p.m.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>W.H. Gieras M.D.</u> 23b. DATE SIGNED <u>7/16/52</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>July 16, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Normal Hill Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Lewiston, Idaho</u>
DATE REC'D BY LOCAL REG. <u>July 16, 1952</u>	REGISTRAR'S SIGNATURE <u>Jean Hagelius</u>	26. FUNERAL DIRECTOR <u>Broderick-Wentz Co.</u> ADDRESS <u>12-13 H. Mallon</u> <u>Lewiston, Idaho</u>	



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICERECEIVED
JUL 19 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

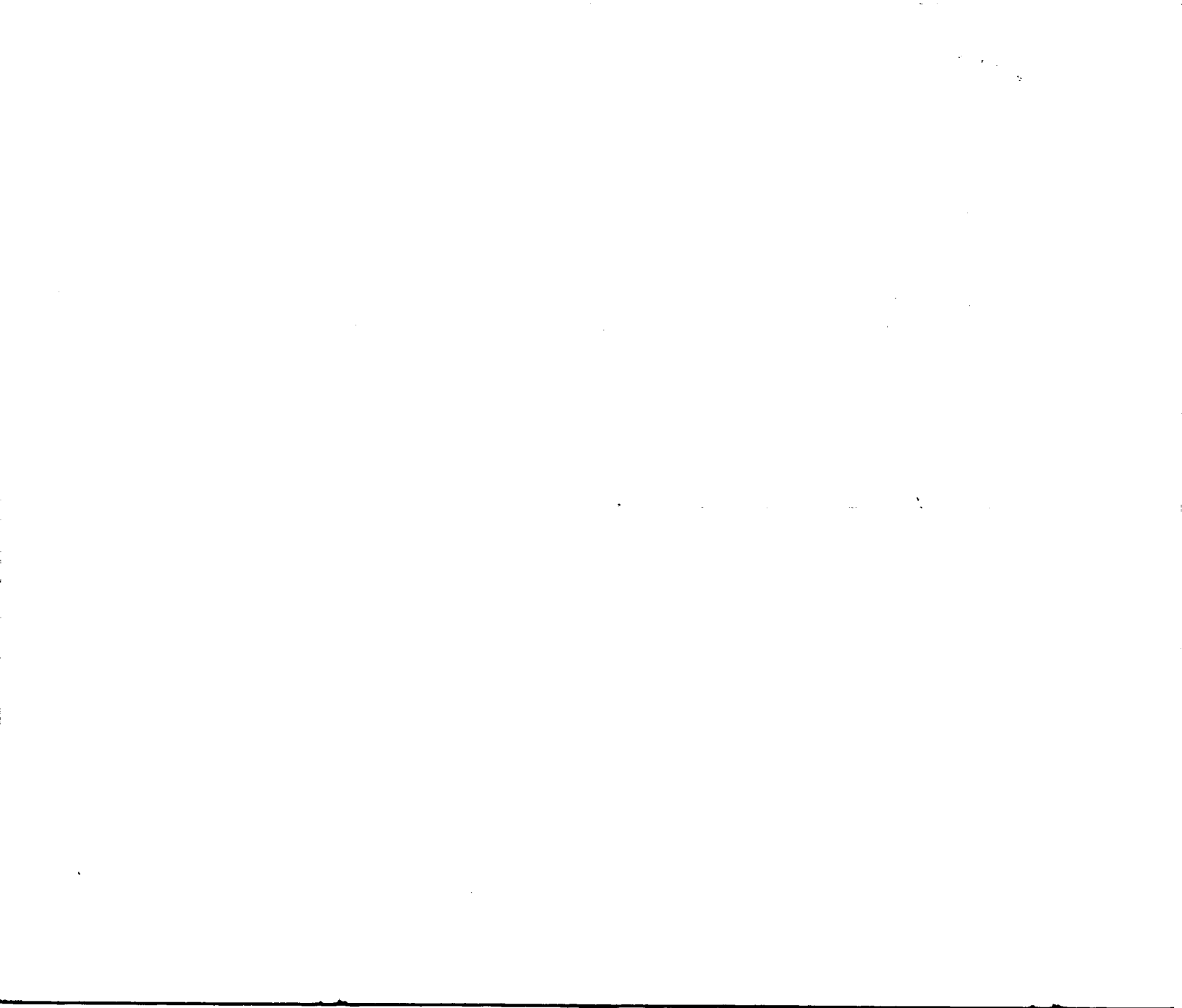
State of Idaho

State File No. 135

Local Reg. No. 16

Reg. Dist. No. 500

1. PLACE OF STILLBIRTH a. COUNTY <i>Power</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bingham</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>American Falls</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Aberdeen, Idaho</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Schultz Memorial Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Martin Dale Feld</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>7 - 17 - 1952</i>
7. FATHER'S NAME a. (First) <i>Ora</i> b. (Middle) <i>Elmer</i> c. (Last) <i>Feld</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>33</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>American Falls</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Bernita</i> b. (Middle) <i>Louise</i> c. (Last) <i>Savage</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>36</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Idaho, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>5</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>Jacqueline Brown</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <i>y 36.2</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>None</i> 20b. MATERNAL CAUSES <i>Abruptio Placenta</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Abruptio placenta</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Hypostatic bag and dilating cervix</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>H. J. Harris M.D.</i> (Specify if M. D., midwife, or other) 23b. DATE SIGNED <i>7-18-52</i>	
23c. ATTENDANT'S ADDRESS <i>Aberdeen Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>7-18-1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Aberdeen</i>	25d. LOCATION (City, town, or county) (State) <i>Aberdeen, Idaho</i>
DATE REC'D BY LOCAL REG. <i>July 18 - 1952</i>	REGISTRAR'S SIGNATURE <i>Loone Daling</i>	26. FUNERAL DIRECTOR <i>H. J. Davis</i> ADDRESS <i>Am. Falls, Idaho</i>	



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(1949 Revision of Standard Certificate)
AUG 7 1952
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

136

State File No.
Local Reg. No. 6
Reg. Dist. No. 320

1. PLACE OF STILLBIRTH a. COUNTY <u>Washington</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Weiser Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Oregon</u> b. COUNTY <u>Malheur</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rt. # 1 - Payette, Idaho</u>	
3. CHILD'S NAME ((Type or Print)) <p style="text-align: center;"><u>Baby Ker</u></p>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 23, 1952</u>
7. FATHER'S NAME a. (First) <u>Wayne</u> b. (Middle) <u>Ker</u> c. (Last) <u>white</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>18</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Joan</u> b. (Middle) <u>Owen</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Riverdale, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>36.6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 3, 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES* <u>Congenital defect, placental</u>		
	20b. MATERNAL CAUSES <u>none</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None pregnancy - fetal distress - episiotomy - manual extraction of retained placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>episiotomy - manual extraction of retained placenta</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m. <u>Payette, Idaho</u>		23a. ATTENDANT'S SIGNATURE <u>Walter S. Kotae M.D.</u>	23b. DATE SIGNED <u>July 23, 1952</u>
		23c. ATTENDANT'S ADDRESS <u>Payette, Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>July 24, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rosedale Mem. Park</u>	25d. LOCATION (City, town, or county) (State) <u>Payette, Idaho</u>
DATE REC'D BY LOCAL REG. <u>7-29-52</u>	REGISTRAR'S SIGNATURE <u>Marie Hawthorn</u>	26. FUNERAL DIRECTOR <u>Gifford R. Shaffer</u>	ADDRESS <u>Payette, Idaho</u>

Fetus known to be dead few hrs before
deliv. - no fetal heart tones heard
at 8:50 am ^{7/24/52} Pt hospitalized and
fetal death, pre natal, confirmed by X-ray
after deliv., third stage complications

Band's contracted ring relieved
by adrenalin

Retained placenta manually extracted
with difficulty - intact, packed

It is believed that labor onset induced prematurely and
spontaneously by fetal asphyxia and course of labor
intensified after death of fetus.

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(1949 Revision of Standard Certificate)

AUG 13 1952

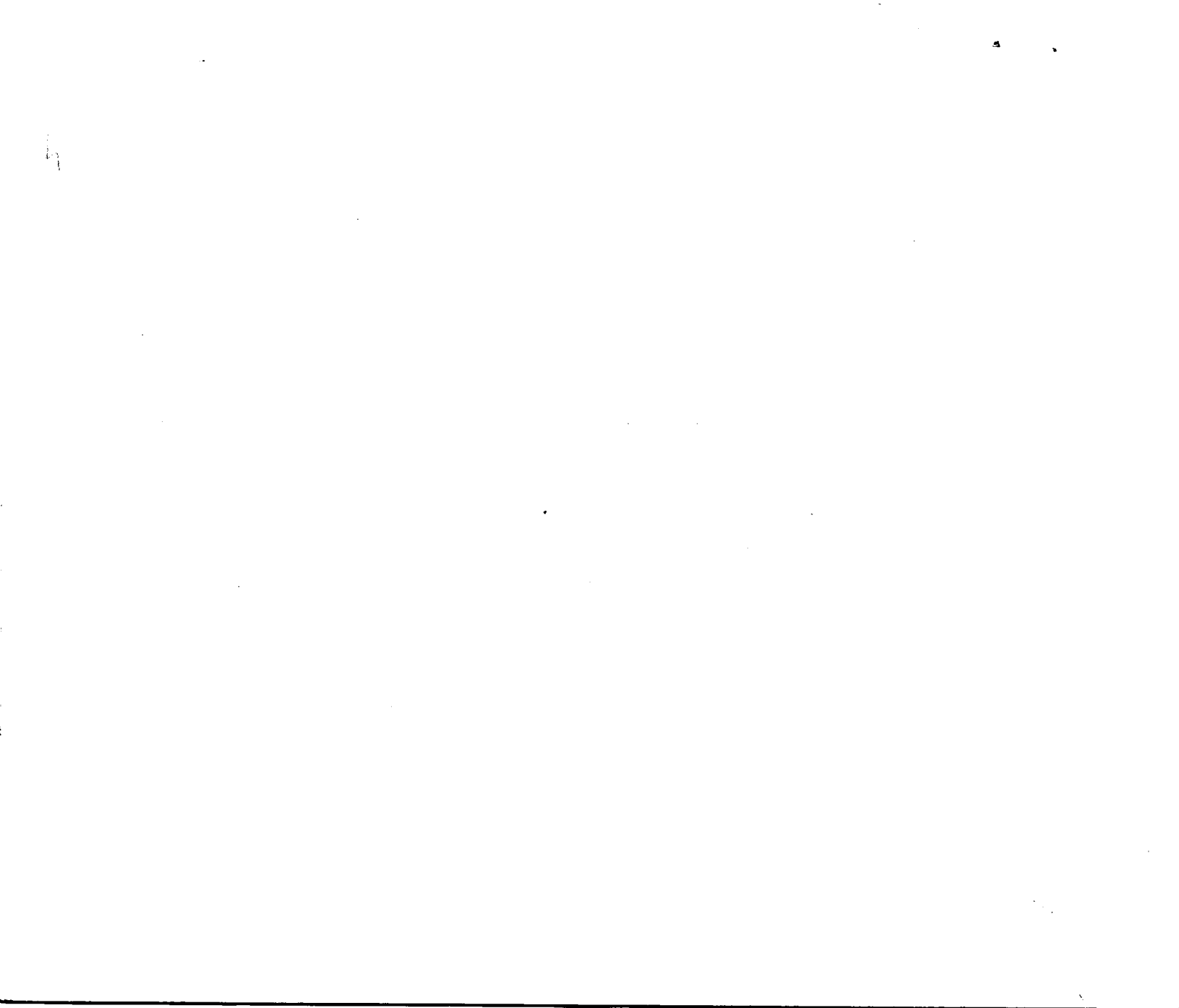
CERTIFICATE OF STILLBIRTH
DIVISION OF VITALS State of Idaho

State File No. 137

Local Reg. No. 234

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Power</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>American Falls</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>376 Roosevelt</u>	
3. CHILD'S NAME (Type or Print) <u>Linda Kae Wetzel</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 2, 1952</u>
7. FATHER'S NAME a. (First) <u>Bernell</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Wetzel</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Tuttle, N.D.</u>	11a. USUAL OCCUPATION <u>Shop Learner</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Naval Ordnance Plant</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ramona</u> b. (Middle) <u>Jean</u> c. (Last) <u>Permann</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>American Falls, Ida.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Ramona Wetzel</u>			
18a. LENGTH OF PREGNANCY <u>10</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prologue of Umbilical cord with fetal asphyxia.</u>		
	20b. MATERNAL CAUSES <u>None.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Prologue of Umbilical Cord.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low Forceps.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:32 p.m.</u>	23a. ATTENDANT'S SIGNATURE <u>H.L. Olsen, M.D.</u>		23b. DATE SIGNED <u>Aug. 4th, 1952.</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>E-418</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>8-3-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fallenview</u>	25d. LOCATION (City, town, or county) (State) <u>Am. Falls Idaho</u>
DATE REC'D BY LOCAL REG. AUG 12 1952	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>F.B. Chalmers</u>	ADDRESS <u>American Falls Idaho</u>



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(1949 Revision of Standard Certificate)

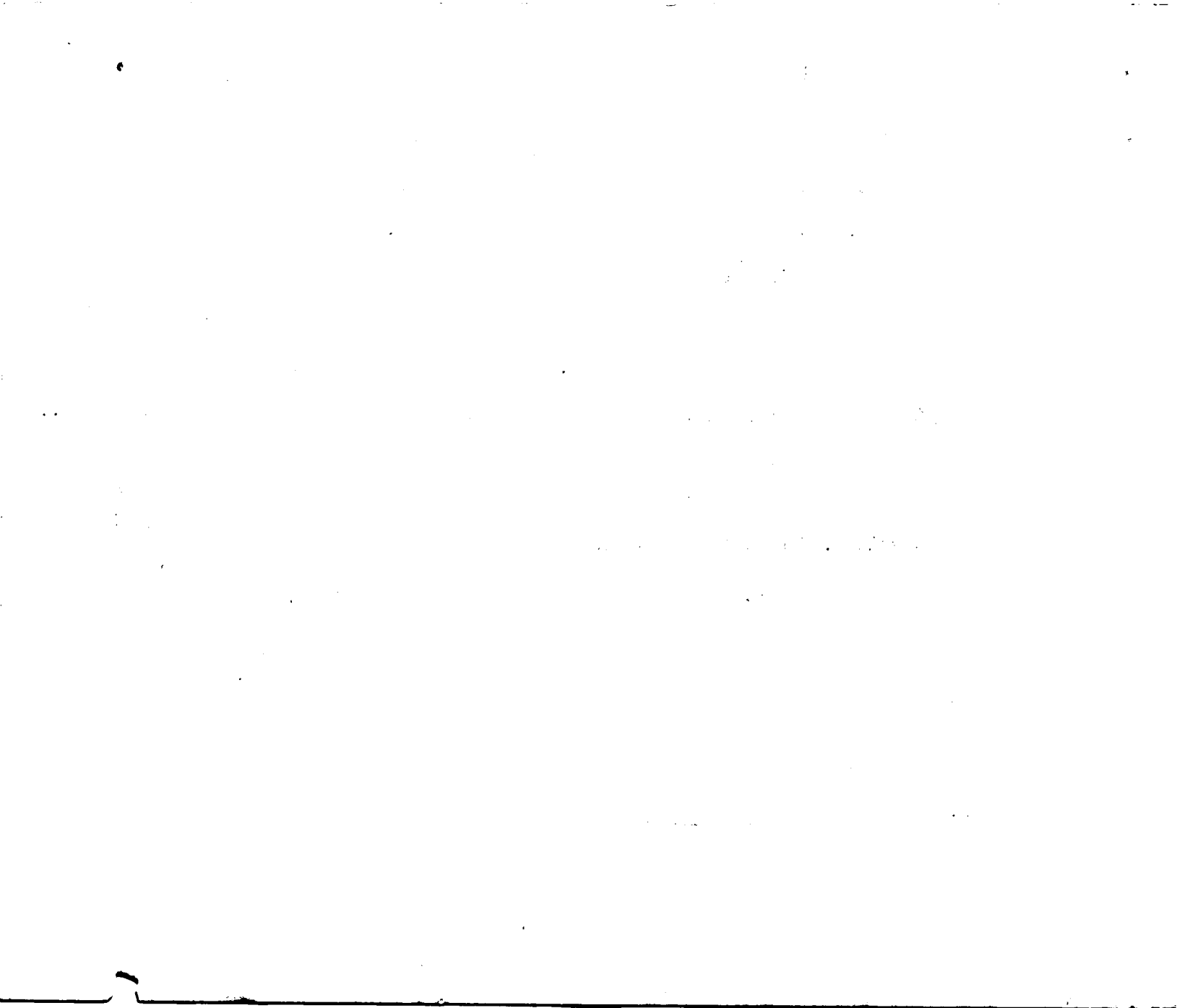
State File No. 130

Local Reg. No. 255

Reg. Dist. No. 511

JUL 26 1952
DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tyhee	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony Mercy		d. STREET ADDRESS (If rural, give location) Rte. 2	
3. CHILD'S NAME (Type or Print) Merlin Lee Pabawena			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Aug. 12 1952
7. FATHER'S NAME a. (First) Ben b. (Middle) B. c. (Last) Pabawena		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 26 YEARS	10. BIRTHPLACE (State or foreign country) Washakie, Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Soil Conservation Serv.
12. MOTHER'S MAIDEN NAME a. (First) Jessie b. (Middle) c. (Last) Pocatello		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Wendover, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 1 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Jessie P. Pabawena Mother			
18a. LENGTH OF PREGNANCY 36 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. 1 1/2 OZS.	19. Was a standard serological test for syphilis performed? Yes.....X..... No..... Approximate date 12 Aug 52 y 36.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES None apparent.		
	20b. MATERNAL CAUSES Fibrosis of placenta		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 2:45 m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Forrest H. Hammond M.D. 23b. DATE SIGNED 21 Aug 52	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Aug 17 1952	25c. NAME OF CEMETERY OR CREMATORY BANNOCK CREEK	25d. LOCATION (City, town, or county) (State) BANNOCK CREEK IDAHO
DATE REC'D BY LOCAL REG. AUG 22 1952	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR ADDRESS Allen J. Manning Pocatello, Idaho.	



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 39Local Reg. No. 274Reg. Dist. No. 310

SEP 12 1952

1. PLACE OF STILLBIRTH

a. COUNTY Bannockb. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Pocatello, Idahoc. FULL NAME OF
HOSPITAL OR
INSTITUTION St. Anthony Mercy Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE Idaho b. COUNTY Bannockc. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN Pocatello, Idahod. STREET
ADDRESS (If rural, give location)
130 Oakwood

3. CHILD'S NAME

(Type or Print)

Baby Girl Hurley

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

August 23 1952

7. FATHER'S NAME

a. (First)

Daniel

b. (Middle)

Charles

c. (Last)

Hurley

8. COLOR OR RACE

White

9. AGE (At time of this birth)

29 YEARS

10. BIRTHPLACE (State or foreign country)

Seattle, Washington

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

Kraft Foods Co.

12. MOTHER'S MAIDEN NAME

a. (First)

Ruth

b. (Middle)

Loretta

c. (Last)

Stratten

13. COLOR OR RACE

White

14. AGE (At time of this birth)

29 YEARS

15. BIRTHPLACE (State or foreign country)

Pocatello, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

1

17. INFORMANT

Ruth Loretta Stratten Hurley mother

18a. LENGTH OF PREGNANCY

28 WEEKS

18b. WEIGHT AT BIRTH

2 LBS. 6 OZS.19. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date April 52 Y36.2

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

None apparent. - Elbow mummified.

20b. MATERNAL CAUSES

Placental separation.

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

none

22. STATE ALL OPERATIONS FOR DELIVERY

noneI hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:05 a.m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

23b. DATE SIGNED

8-25-52

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

8-23-52

25c. NAME OF CEMETERY OR CREMATORY

Mountainview cem.

25d. LOCATION (City, town, or county)

Pocatello Idaho

(State)

DATE REC'D BY LOCAL

SEP 9 1952

REGISTRAR'S SIGNATURE

Eva M. Wallin per Darlene Archibald

26. FUNERAL DIRECTOR

ADDRESS

Evergreen Funeral Home Pocatello Idaho
by John P. Gorman

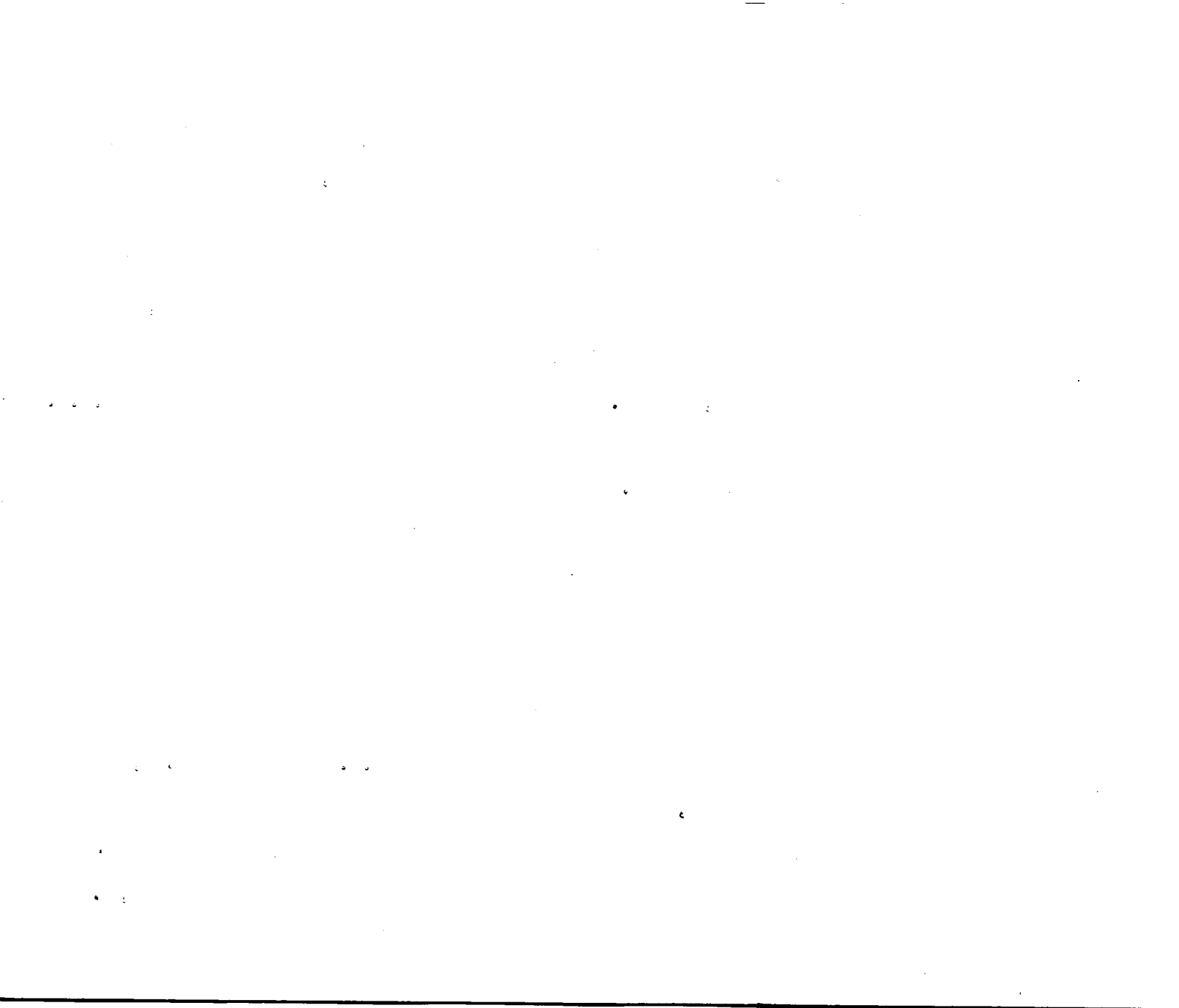
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 240Local Reg. No. 131Reg. Dist. No. 620

AUG 11 1952

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) 659 West Sexton Street	
3. CHILD'S NAME (Type or Print) MAURINE KAY HAMMOND			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 4, 1952
7. FATHER'S NAME a. (First) Clyde b. (Middle) Ellie c. (Last) Hammond	8. COLOR OR RACE White		
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Moreland, Idaho.	11a. USUAL OCCUPATION Labor Forman	11b. KIND OF BUSINESS OR INDUSTRY Maintenance A.E.C.
12. MOTHER'S MAIDEN NAME a. (First) Geraldine b. (Middle) Wheeler c. (Last) White	13. COLOR OR RACE White		
14. AGE (At time of this birth) 20 YEARS	15. BIRTHPLACE (State or foreign country) Ririe, Idaho.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Clyde Hammond			
18a. LENGTH OF PREGNANCY WEEKS 37 5	18b. WEIGHT AT BIRTH LBS. Estimated OZS. 39.6	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Undetermined 20b. MATERNAL CAUSES Undetermined		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1:20 A m.		23a. ATTENDANT'S SIGNATURE (Specify M.D., midwife, or other) Ralph G. Soates M.D.	
23b. DATE SIGNED Aug. 4, 1952		23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg		23e. TITLE Funeral Director	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 4, 1952	24c. NAME OF CEMETERY OR CREMATORY Moreland Cemetery	24d. LOCATION (City, town, or county) (State) Moreland, Idaho.
DATE REC'D BY LOCAL REG. Aug 4 1952	REGISTRAR'S SIGNATURE Mrs. Walter E. Patrice	ADDRESS Blackfoot, Idaho	



CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 36Local Reg. No. 410Reg. Dist. No. 410

1. PLACE OF STILLBIRTH a. COUNTY Blaine		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Blaine	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hailey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hailey	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hailey Clinical Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Prestridge			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 15, 1952
7. FATHER'S NAME a. (First) William b. (Middle) Cliffton c. (Last) Prestridge	8. COLOR OR RACE White		
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) North Dakota	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Thelma b. (Middle) Pauline c. (Last) Colon	13. COLOR OR RACE White		
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Twin Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Mrs. William Prestridge Mother			
18a. LENGTH OF PREGNANCY 22 WEEKS	18b. WEIGHT AT BIRTH LBS. 39.6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 5/19/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>non-evident</i>		
	20b. MATERNAL CAUSES <i>non-evident</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above all: 37 P.m. Hailey, Idaho		23a. ATTENDANT'S SIGNATURE <i>[Signature]</i> M. D.	23b. DATE SIGNED 8/25/52
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Aug-28-1952 Robert H. Wright - per [Signature]		26. FUNERAL DIRECTOR ADDRESS	

Page 2

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1. PLACE OF STILLBIRTH a. COUNTY Bonner STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bonner	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sandpoint	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bonner General Hospital		d. STREET ADDRESS (If rural, give location) 1007 Lake Street	
3. CHILD'S NAME (Type or Print) Jack M. Kincaid			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 13, 1952
7. FATHER'S NAME a. (First) Elmo	b. (Middle)	c. (Last) Kincaid, Jr.	8. COLOR OR RACE White
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Ferdinand, Idaho	11a. USUAL OCCUPATION Laborer	11b. KIND OF BUSINESS OR INDUSTRY City of Sandpoint
12. MOTHER'S MAIDEN NAME Rhoda	a. (First)	b. (Middle) Youngberg	c. (Last)
13. COLOR OR RACE White	14. AGE (At time of this birth) 31 YEARS		
15. BIRTHPLACE (State or foreign country) British Sandaken, No. Borneo		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Elmo Kincaid			
18a. LENGTH OF PREGNANCY 36 1/2 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 21 - 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES Intrauterine death (2 days) cause unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:00 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) Helene Peterson M.D.	
23b. DATE SIGNED 8/15/52		23c. ATTENDANT'S ADDRESS Sandpoint Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL F. G. Mason Jr.		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 8/14/1952	25c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery	25d. LOCATION (City, town, or county) (State) Sandpoint, Idaho
DATE REC'D BY LOCAL REG. Aug. 19 - 1952	REGISTRAR'S SIGNATURE Merlene H. Miley	26. FUNERAL DIRECTOR Moon Funeral Home, Sandpoint, Idaho	

AMG 23 1052
DIVISION OF VITAL
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Donnerville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Idaho Falls</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Roberts</u> TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>Sacred Heart</u> INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Tomchat</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July - 27 - 1952</u>
7. FATHER'S NAME a. (First) <u>Laudy</u> b. (Middle) <u>George</u> c. (Last) <u>Tomchat</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Roberts - Idaho</u>	11a. USUAL OCCUPATION <u>Section foreman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>La Vern</u> b. (Middle) <u>Willyerd</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>—</u>	
17. INFORMANT <u>Laudy J. Tomchat Roberts</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y36.1</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity - due to Premature labor</u> 20b. MATERNAL CAUSES <u>Placenta Praevia marginalis</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>John E. Worlton</u> 23b. DATE SIGNED <u>5 Aug 52</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL, etc. <u>Funeral</u>	25b. DATE <u>7/29/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cedar Dale</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 28 52</u>		26. FUNERAL DIRECTOR'S ADDRESS <u>Shels Falls</u>	

FEB 7 1979

SEP 11 1952 CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 158

Local Reg. No. 61.0

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Bonnerville

b. CITY
OR
TOWN

Idaho Falls

c. FULL NAME OF
HOSPITAL OR
INSTITUTION

H D S Hospital

2. USUAL RESIDENCE OF MOTHER (Where mother lives)

a. STATE

Idaho

b. COUNTY

Bonnerville

c. CITY
OR
TOWN

Idaho Falls

d. STREET
ADDRESS

(If rural, give location)

1502 Idaho Ave.

3. CHILD'S NAME

((Type or Print))

Baby

Stratford

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Aug - 18 - 1952

7. FATHER'S NAME

a. (First)

Melvin

b. (Middle)

Olsen

c. (Last)

Stratford

8. COLOR OF RACE

White

9. AGE (At time of this birth)

38

YEARS

10. BIRTHPLACE (State or foreign country)

Ogden, Utah

11a. USUAL OCCUPATION

Produce Salesman

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Jessie

b. (Middle)

c. (Last)

Keller

13. COLOR OF RACE

White

14. AGE (At time of this birth)

35

YEARS

15. BIRTHPLACE (State or foreign country)

Mantau, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

none

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

M O Stratford

18a. LENGTH OF PREGNANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date

y 36.0

CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Twisted umbilical cord

20b. MATERNAL CAUSES

Hypertension

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

John S. Bate M.D.

23b. DATE SIGNED

8-22-52

23c. ATTENDANT'S ADDRESS

Idaho Falls Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

25b. DATE

Aug-18-1952

25c. NAME OF CEMETERY OR CREMATORY

Ogden City Cemetery

25d. LOCATION (City, town, or county)

Ogden - Utah -

(State)

DATE REC'D BY LOCAL REG.

Aug. 18 - 52

REGISTRAR'S SIGNATURE

Carmen Bridgman

26. FUNERAL DIRECTOR

Les A. Williams

ADDRESS

Idaho Falls

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Ministry of Education
Department of Education

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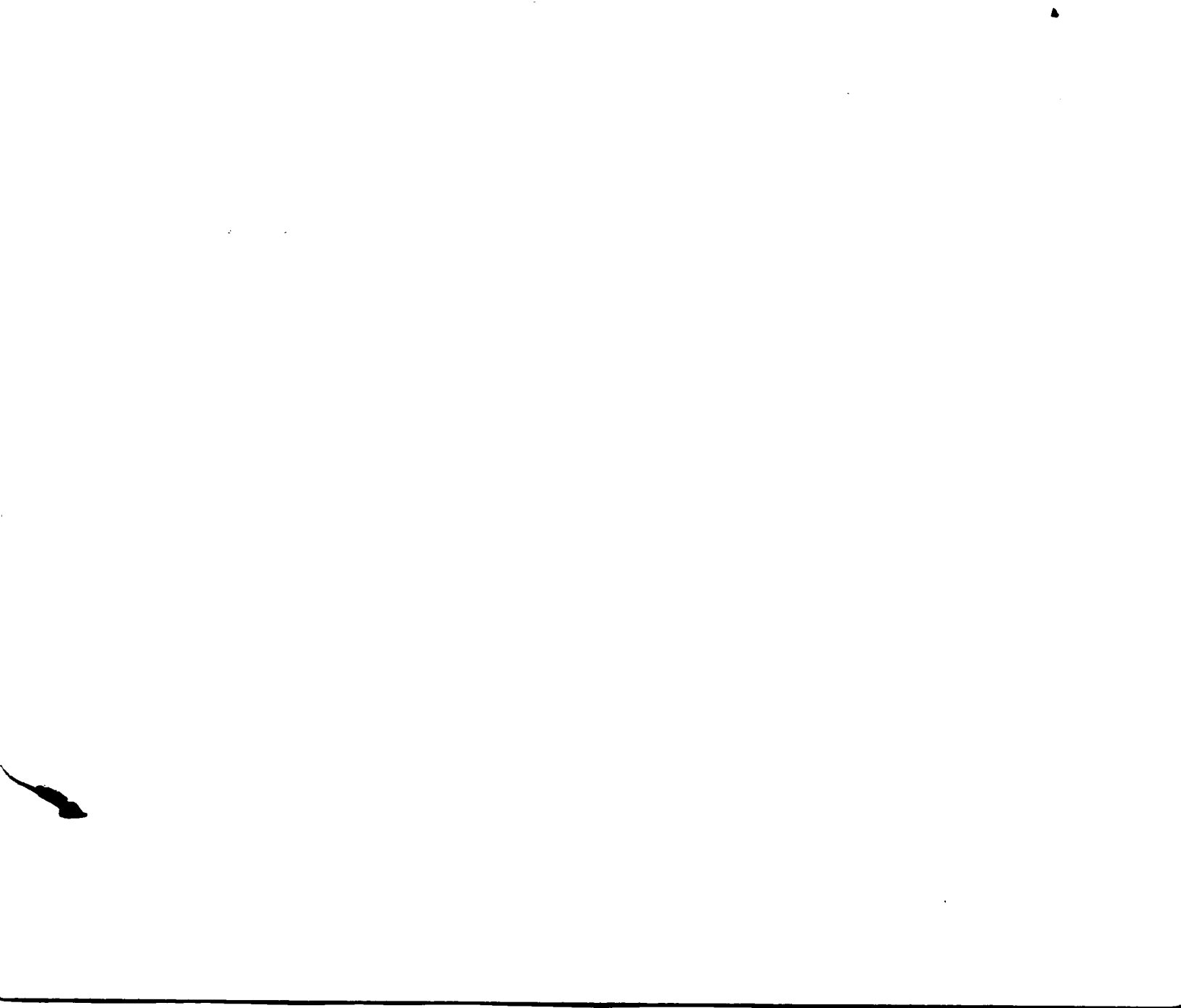
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RECEIVED
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 15Local Reg. No. 8Reg. Dist. No. 322

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1803 4th St. No.</u>	
3. CHILD'S NAME (Type or Print) <u>INFANT SON WALL</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 26, 1952</u>
7. FATHER'S NAME a. (First) <u>GRANT</u>		b. (Middle) <u>WALL</u> c. (Last) <u>white</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Ogden, Utah</u>	11a. USUAL OCCUPATION <u>Truck Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>NORMA</u>		b. (Middle) <u>ANDERSON</u> c. (Last) <u>white</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ogden, Utah</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>X Josephine Anderson</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>7/34/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>0.</u>	
		20b. MATERNAL CAUSES <u>face presentation - nuchal cord</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>face of 1st A. Presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Vaginal - Extraction</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>m.</u>		23a. ATTENDANT'S SIGNATURE <u>John W. Lee</u>	23b. DATE SIGNED <u>7/21/52</u>
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lewis Edmunds</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>7/28/52</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State) <u>Ogden, Utah</u>
DATE REC'D BY LOCAL REG. <u>Sept. 2, 1952</u>		26. FUNERAL DIRECTOR <u>Mrs. Jane Lee</u> ADDRESS <u>Nampa, Idaho</u> <u>Lewis Edmunds Mortuary</u>	



RECEIVED
SEP 5 1952
DIVISION OF VITAL STATISTICS
(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 46
Local Reg. No. 9
Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Nampa</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Eagle</u> TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Daughter Calhoun</u>			
4. SEX <u>fem.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 16, 1952</u>
7. FATHER'S NAME a. (First) <u>Floyd</u> b. (Middle) <u>D.</u> c. (Last) <u>Calhoun</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>35</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Juanita</u> b. (Middle) <u>Calhoun</u> c. (Last) <u>white</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>J. D. Calhoun</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <u>yes</u> No. <u>no</u> Approximate date <u>36-2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Stillborn</u> 20b. MATERNAL CAUSES <u>Placenta Separation before birth</u>	
21. NOTE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>About week 14 had no movement</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Normal delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>H. P. Belknap</u> (Specify if M.D., midwife, or other) 23b. DATE SIGNED <u>8/19-52</u>	
23c. ATTENDANT'S ADDRESS <u>Nampa, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lewis Edmunds</u> TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8/18/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Boise, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Sept 2, 1952</u>		26. FUNERAL DIRECTOR <u>Lewis Edmunds</u> ADDRESS <u>Nampa, Idaho</u> <u>Lewis Edmunds Mortuary</u>	

UNITED STATES

DEPARTMENT OF

COMMERCE

OFFICE OF

EXPORTS

WASHINGTON, D. C.

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RECEIVED
CERTIFICATE OF STILLBIRTH
AUG 16 1952
State of Idaho

State File No. _____
Local Reg. No. 379
Reg. Dist. No. 27

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY GOODING	b. CITY (If outside corporate limits, write RURAL and give township) GOODING	a. STATE IDAHO	b. COUNTY GOODING
c. FULL NAME OF HOSPITAL OR INSTITUTION GOODING MEM. HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) WENDELL	
		d. STREET ADDRESS 1/2 MI. NO.	
3. CHILD'S NAME (Type or Print) MOLLY DORIS ALLRED			
4. SEX F	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 10 1952
7. FATHER'S NAME TED DEAN ALLRED		8. COLOR OR RACE W	
9. AGE (At time of this birth) 22 YEARS		10. BIRTHPLACE (State or foreign country) KANESVILLE UTAH	
11a. USUAL OCCUPATION LABOR		11b. KIND OF BUSINESS OR INDUSTRY FARM	
12. MOTHER'S MAIDEN NAME DORIS LORENE BURRELL		13. COLOR OR RACE W	
14. AGE (At time of this birth) 19 YEARS		15. BIRTHPLACE (State or foreign country) CANNETT IDAHO	
17. INFORMANT Led Allred		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? NONE b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
18a. LENGTH OF PREGNANCY 36 WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	
19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-6-52		y 39.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES apparently none	
		20b. MATERNAL CAUSES apparently none - May have been due to	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY spontaneous	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Mary E. Lueder	
		23b. DATE SIGNED 8-11-52	
23c. ATTENDANT'S ADDRESS Wendell, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL J. Farrest Weaver	
25a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		25b. DATE 8/11/1952	
25c. NAME OF CEMETERY OR CREMATORY WENDELL		25d. LOCATION (City, town, or county) (State) CITY IDAHO	
DATE REC'D BY LOCAL REG. 8/12/1952		26. FUNERAL DIRECTOR Veronica Owens	
REGISTRAR'S SIGNATURE Veronica Owens		ADDRESS Wendell Idaho	

5504

SEP 1 1952

RECEIVED (1949 Revision of Standard Certificate)

AUG 13 1952

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 148

Local Reg. No. 6

Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lake City General</u>		d. STREET ADDRESS (If rural, give location) <u>516 La Cross</u>	

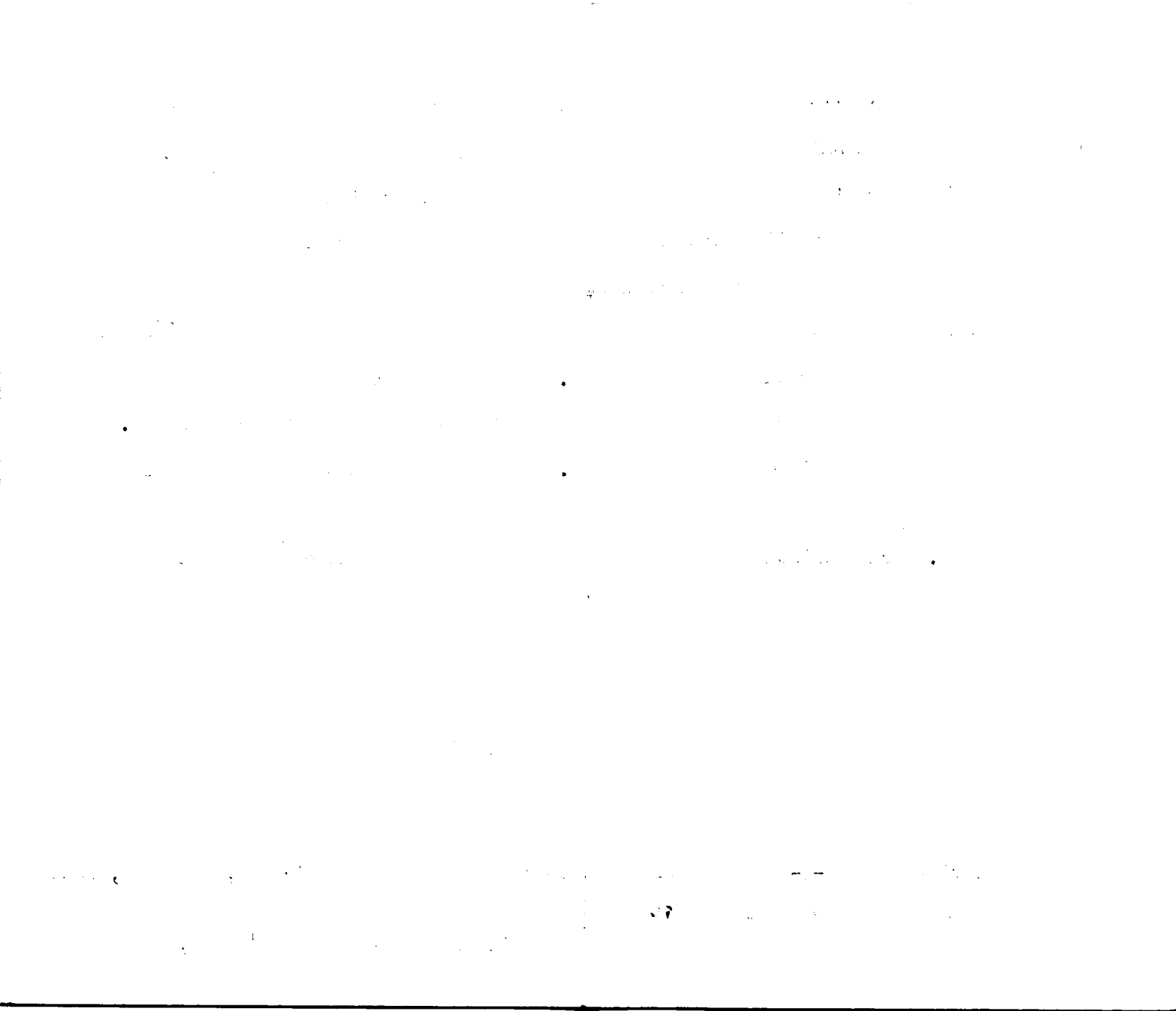
3. CHILD'S NAME (Type or Print) <u>Infant Baby Girl Wilson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8</u> <u>3</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Gordon</u> b. (Middle) <u>E.</u> c. (Last) <u>Wilson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oregon</u>	11a. USUAL OCCUPATION <u>Salesman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ailene</u> b. (Middle) <u>E.</u> c. (Last) <u>Wendt</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>one</u>	
17. INFORMANT <u>Mr. Gordon Wilson</u>			

18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Prematurity - Anoxia death (1 week)</u>	20b. MATERNAL CAUSES
--	---	----------------------

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature Labor</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Dr. H. Fox</u>	23b. DATE SIGNED <u>8/7/52</u>
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL (If NOT attended by physician)	TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-14-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Kootenai, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-7-52</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Brush</u>	26. FUNERAL DIRECTOR <u>Gilbert Yates</u> ADDRESS <u>Coeur d'Alene, Idaho</u>	



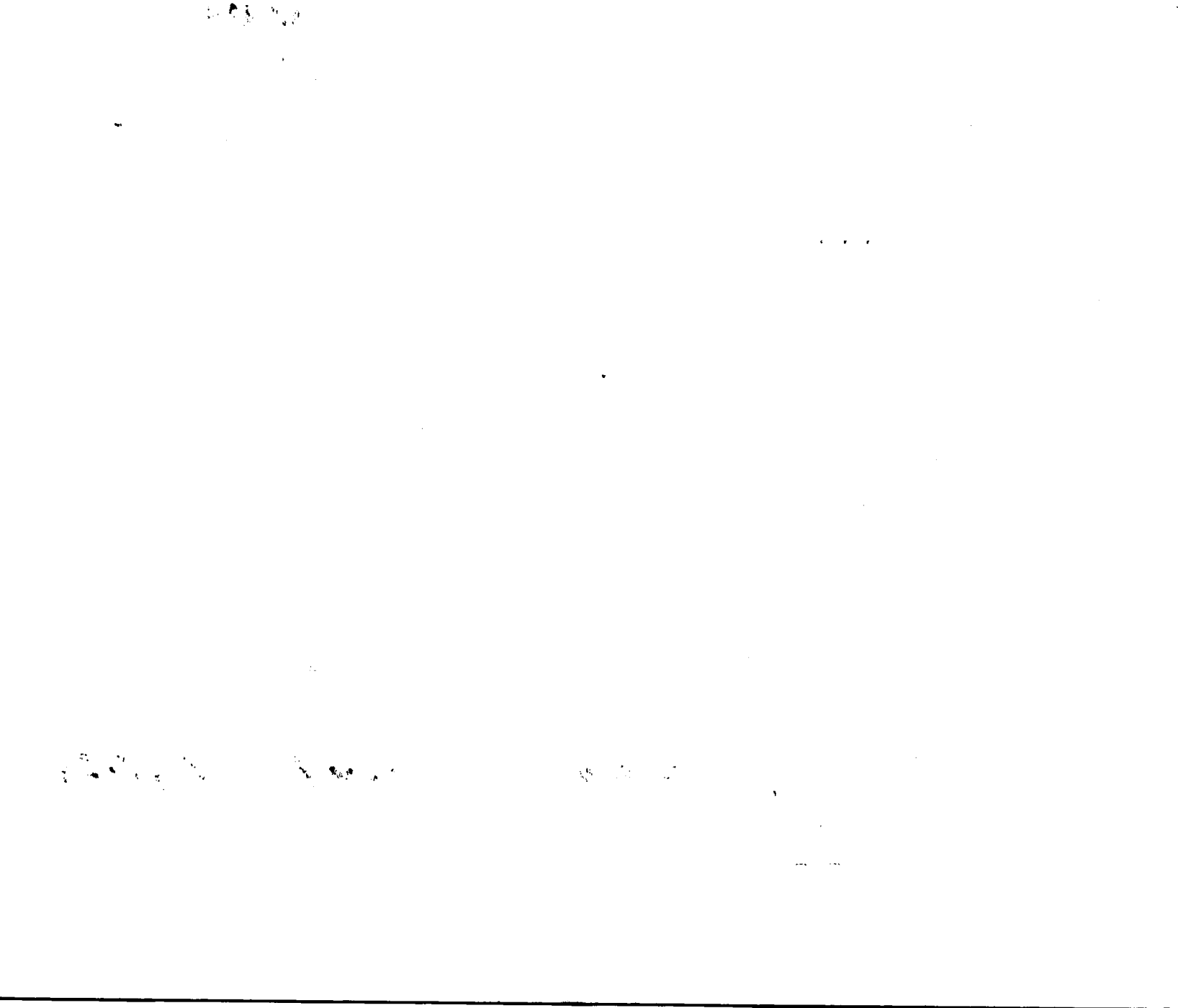
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(1949 Revision of Standard Certificate)

SEP 2 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL STATISTICS
State of IdahoState File No. 149Local Reg. No. 8Reg. Dist. No. 120

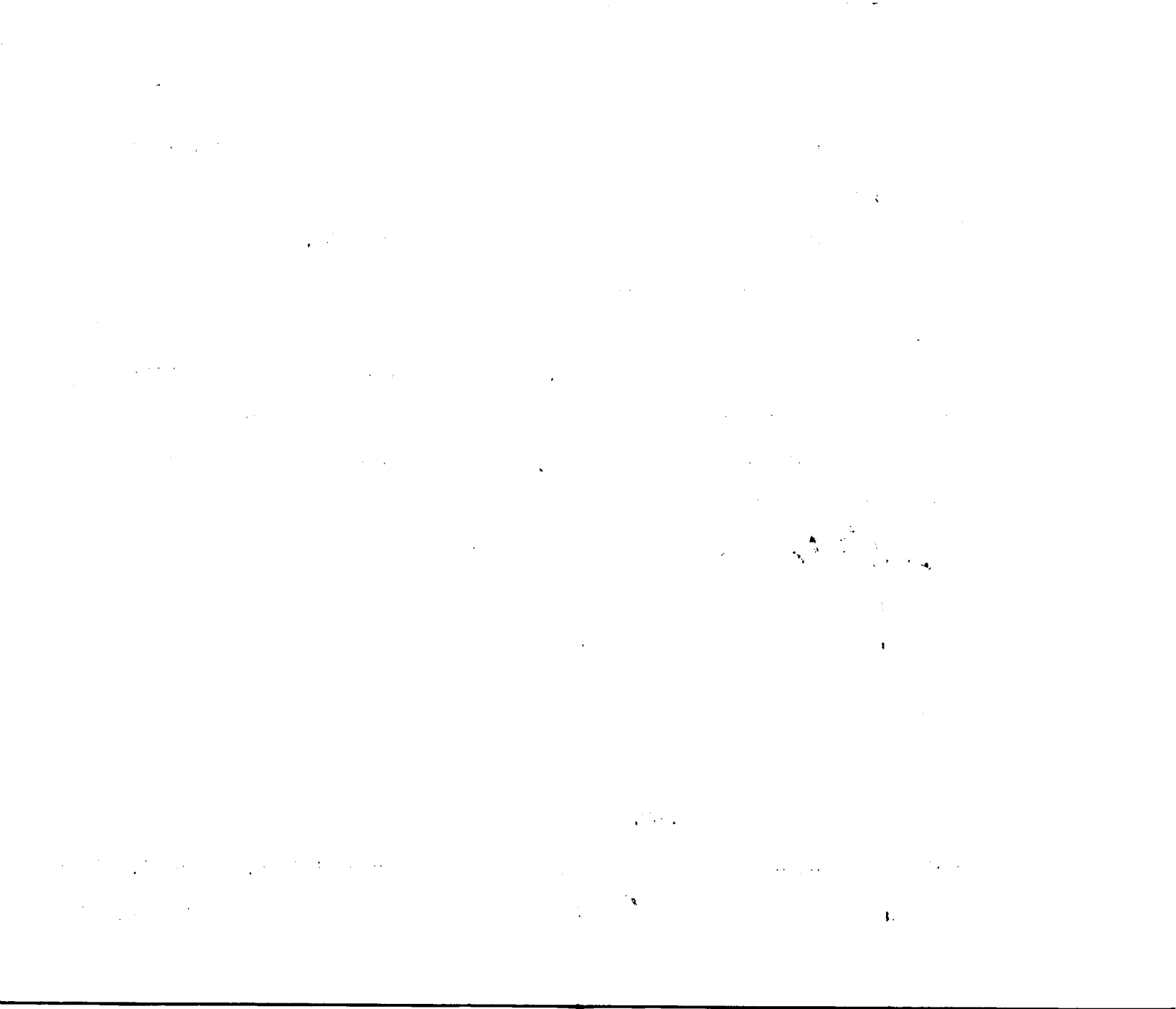
1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Washington</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coeur d'Alene</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Almira</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>L.C.G. Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Shay Wynhoff</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug 23, 1952</u>
7. FATHER'S NAME a. (First) <u>Walter</u> b. (Middle) <u>W.</u> c. (Last) <u>Wynhoff</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>28</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Washington</u>	11a. USUAL OCCUPATION <u>Warehouseman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Grain</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Naomi</u> b. (Middle) b. (Last) <u>Barry</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Walter W. Wynhoff</u>			
18a. LENGTH OF PREGNANCY <u>20</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Prematurity</u> 20b. MATERNAL CAUSES <u>Premature separation of placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Annella H. Greenwood M.D.</u> 23b. DATE SIGNED <u>8-25-52</u> 23c. ATTENDANT'S ADDRESS <u>Don English</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Coeur d'Alene, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-25-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-25-52</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Buxch</u>	26. FUNERAL DIRECTOR ADDRESS <u>Don English Coeur d'Alene, Idaho</u>	



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SEP 2 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No.
Local Reg. No. 7
Reg. Dist. No. 120

1. PLACE OF STILLBIRTH a. COUNTY <u>Kootenai</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Kootenai</u>	
b. CITY OR TOWN <u>Spirit Lake</u>		c. CITY OR TOWN <u>Twin Lakes</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Spirit Lake Hospi ta l</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Rte. #2</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Power</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8</u> <u>24</u> <u>52</u>
7. FATHER'S NAME a. (First) <u>Charles</u> b. (Middle) <u>W.</u> c. (Last) <u>Power</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marianne</u> b. (Middle) <u>C.</u> c. (Last) <u>Marquardt</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>35</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Minnesota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>C. W. Power</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <u>2/1/52</u> <u>39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Not KNOWN</u> 20b. MATERNAL CAUSES <u>Not KNOWN</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>NONE</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>NONE</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Lynn C. Fredrickson M.D.</u>		23b. DATE SIGNED <u>8/26/52</u>
	23c. ATTENDANT'S ADDRESS <u>Spirit Lake, Idaho</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gilbert Yates</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-25-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Coeur d'Alene, Kootenai, Idaho</u>
DATE REC'D BY LOCAL REG <u>8-26-52</u>	REGISTRAR'S SIGNATURE <u>Lorraine K. Brewster</u>	26. FUNERAL DIRECTOR ADDRESS <u>Coeur d'Alene, Idaho</u>	



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APR 18 1952

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of IdahoState File No. 690Local Reg. No. 6067Reg. Dist. No. 6067

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <u>Lemhi</u>		a. STATE <u>Idaho</u>	b. COUNTY <u>Lemhi</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salmon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carmen</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Steele Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print) <u>Emily Thomas</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Aug. 12, 1952</u>

7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) <u>Charles</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Thomas</u>	<u>White</u>
9. AGE (At time of this birth) <u>47</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Fort Bridger, Wyo.</u>	11a. USUAL OCCUPATION <u>Rancher</u>	11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) <u>Kstelle</u>	b. (Middle) <u>Montgomery</u>	c. (Last) <u>Thomas</u>	<u>White</u>
14. AGE (At time of this birth) <u>40</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Baker, Oregon</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
		a. How many children are now living? <u>3</u>	b. How many children were born alive but are now dead? <u>1</u>
		c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	

17. INFORMANT <u>Charles C. Thomas</u>	18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8-16-52</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>asphyxia due to separation of placenta</u>
	20b. MATERNAL CAUSES <u>separation in placenta previous</u>

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Placenta praevia</u>	22. STATE ALL OPERATIONS FOR DELIVERY <u>Caesarean section</u>
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>8:30 P.m.</u>	23a. ATTENDANT'S SIGNATURE <u>Roy R. Lindan</u>	(Specify if M. D., midwife, or other) <u>M.D.</u>	23b. DATE SIGNED <u>8-14-52</u>
	23c. ATTENDANT'S ADDRESS <u>Salmon, Idaho</u>	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Delbert C. Jordan</u>
TITLE <u>Salmon, Idaho</u>			

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8-16-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Salmon</u>	25d. LOCATION (City, town, or county) (State) <u>Salmon, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>8-15-52</u>	REGISTRAR'S SIGNATURE <u>Viola E. Johnson</u>	26. FUNERAL DIRECTOR <u>Delbert C. Jordan</u>	ADDRESS <u>Salmon, Idaho</u>
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CERTIFICATE OF STILLBIRTH

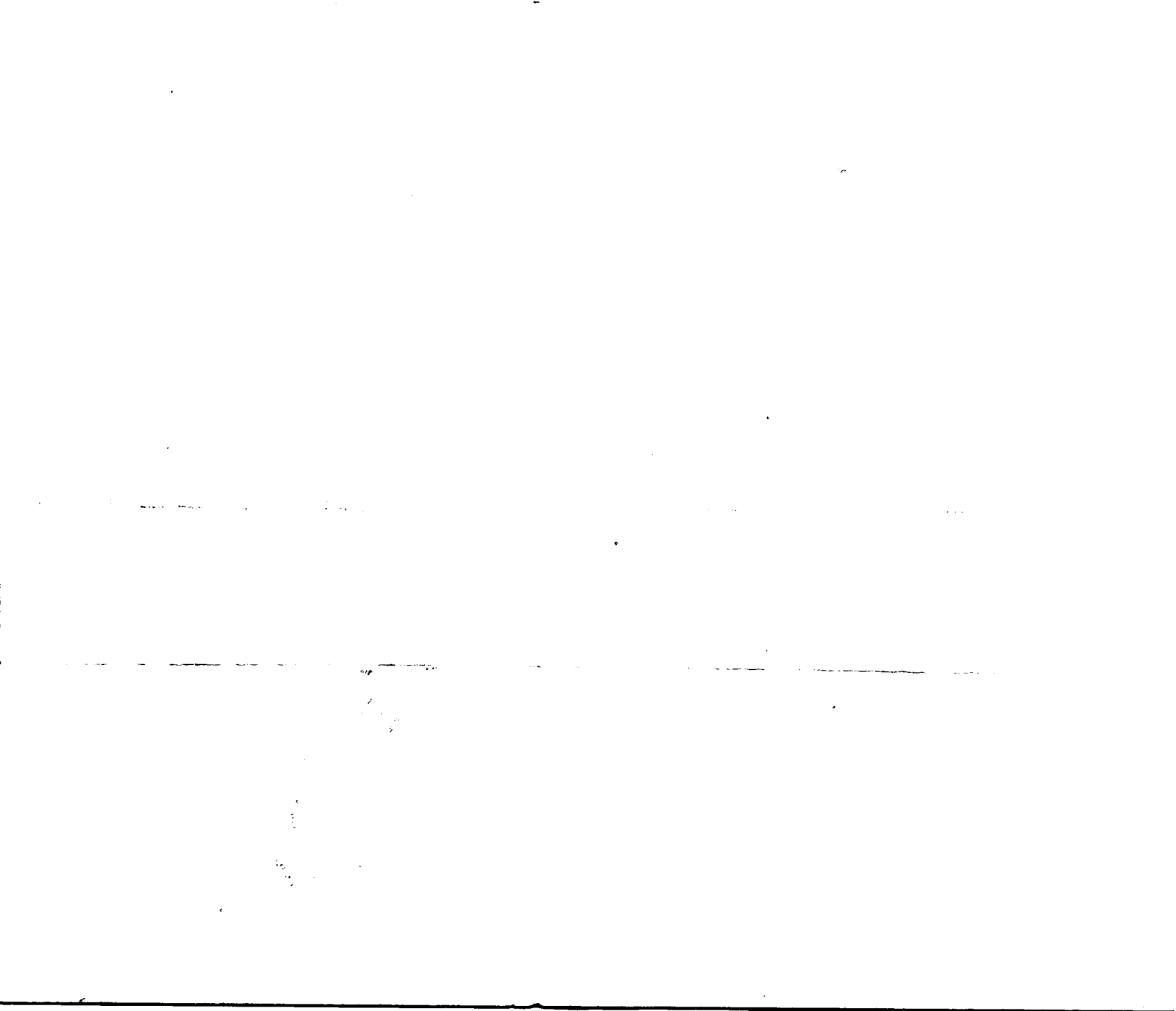
State of Idaho

State File No. 152

Local Reg. No. 37

Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Fremont	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rexburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anthony Rural	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison County Hospital		d. STREET ADDRESS (If rural, give location) RFD#1	
3. CHILD'S NAME (Type or Print) Baby Boy Ritzhaupt			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 26, 1952
7. FATHER'S NAME a. (First) Arthur b. (Middle) Frank c. (Last) Ritzhaupt		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) St. Anthony, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Own Farm
12. MOTHER'S MAIDEN NAME a. (First) Francis b. (Middle) Lucile c. (Last) Parker		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Rexburg, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 21 weeks pregnancy)? 0	
17. INFORMANT Frank Ritzhaupt St. Anthony Idaho			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date February, 1952 y 39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn (unknown) 20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. F. Rigby M.D. 23c. ATTENDANT'S ADDRESS Rexburg	
23b. DATE SIGNED 8/28/52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 28 Aug 52	25c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	25d. LOCATION (City, town, or county) (State) St. Anthony, Idaho
DATE REC'D BY LOCAL REG. 9/2/52	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR M. A. Hansen	ADDRESS St. Anthony, Idaho



SEP 11 1952

CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 153

Local Reg. No. 38

Reg. Dist. No. 536

1. PLACE OF STILLBIRTH a. COUNTY Oneida		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Oneida	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad	
c. FULL NAME OF HOSPITAL OR INSTITUTION Oneida Hospital		d. STREET ADDRESS (If rural, give location) Box 185	
3. CHILD'S NAME (Type or Print) Baby Boy Grover (Stillborn)			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) August 28 1952
7. FATHER'S NAME a. (First) Milton b. (Middle) Call c. (Last) Grover		8. COLOR OR RACE White	
9. AGE (At time of this birth) 46 YEARS	10. BIRTHPLACE (State or foreign country) Rigby Idaho	11a. USUAL OCCUPATION County Agent	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Irene b. (Middle) Luke c. (Last)		13. COLOR OR RACE White	
14. AGE (At time of this birth) 43 YEARS	15. BIRTHPLACE (State or foreign country) Junction Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 6 b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Feb 1 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Unknown (Cord around neck)</i>		
	20b. MATERNAL CAUSES <i>Unknown (Head one week)</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>none</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>none</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at P.M. A. m.	23a. ATTENDANT'S SIGNATURE <i>[Signature]</i>		23b. DATE SIGNED 8-28-52
	23c. ATTENDANT'S ADDRESS <i>Malad</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>[Signature]</i> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Aug 28 1952	25c. NAME OF CEMETERY OR CREMATORY Fielding Memorial	25d. LOCATION (City, town, or county) (State) Idaho Falls (Rural) Idaho
DATE REC'D BY LOCAL REG. Sept 28 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR ADDRESS <i>[Signature]</i>	

(1949 Revision of Standard Certificate)

RECEIVED SEP 8 1952 DIVISION OF VITAL STATISTICS CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 154Local Reg. No. 67Reg. Dist. No. 142

1. PLACE OF STILLBIRTH a. COUNTY <u>Shoshone</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Shoshone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kellogg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pinehurst</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wardner</u>		d. STREET ADDRESS (If rural, give location) <u>Pinehurst</u>	
3. CHILD'S NAME (Type or Print) <u>Blaine Purvis</u>			
4. SEX <u>m</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 10 1952</u>
7. FATHER'S NAME a. (First) <u>Jarvis</u> b. (Middle) <u>I</u> c. (Last) <u>Purvis</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Burns Idaho</u>	11a. USUAL OCCUPATION <u>giant plant work</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>mining</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Bonnie</u> b. (Middle) <u>Young</u> c. (Last) <u>Purvis</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hailey Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8/34/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>None</u>	
		20b. MATERNAL CAUSES <u>Breech presentation - incompletely dilated cervix</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Breech presentation</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Manual dilatation of cervix</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:30 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>O B Scott MD</u>	
		23b. DATE SIGNED <u>8/13/52</u>	
23c. ATTENDANT'S ADDRESS <u>Kellogg Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>James J. Ford Kellogg</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial August 1952 Greenwood</u>		25b. DATE <u>8/23/52</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>Kellogg Idaho</u>		25d. LOCATION (City, town, or county) (State) <u>Kellogg Idaho</u>	
DATE REC'D BY LOCAL REG. <u>8/23/52</u>		26. FUNERAL DIRECTOR ADDRESS <u>James J. Ford Kellogg</u>	

STATE OF NEW YORK

IN SENATE
January 10, 1907

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RECEIVED
SEP 17 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 105

Local Reg. No. 67

Reg. Dist. No. 172

1. PLACE OF STILLBIRTH a. COUNTY <i>Shoshone</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Shoshone</i>	
b. CITY OR TOWN <i>Kellogg</i>		c. CITY OR TOWN <i>Kingston</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Wardner</i>		d. STREET ADDRESS (If rural, give location) <i>Wanda Gulch</i>	
3. CHILD'S NAME (Type or Print) <i>Baby Boy Windsor</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>August 23 1952</i>
7. FATHER'S NAME a. (First) <i>Harold</i> b. (Middle) <i>O</i> c. (Last) <i>Windsor</i>	8. COLOR OR RACE <i>White</i>		
9. AGE (At time of this birth) <i>70</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>England</i>	11a. USUAL OCCUPATION <i>Retired</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Lumber</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Glendora</i> b. (Middle) <i>F</i> c. (Last) <i>Windsor</i>	13. COLOR OR RACE <i>White</i>		
14. AGE (At time of this birth) <i>30</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Kamiah Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>6</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>0</i>	
17. INFORMANT <i>W. H. Dickinson</i>			
18a. LENGTH OF PREGNANCY <i>32</i> WEEKS	18b. WEIGHT AT BIRTH <i>15</i> LBS. <i>8</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Jan 16, 52</i> <i>y 34.1</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <i>Too large a fetus</i>		
	20b. MATERNAL CAUSES <i>Pelvis too small for fetus (over 15 lbs)</i>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Face presentation, prolonged 2nd stage.</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Forceps extraction</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>10:42 P. m.</i>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Robert H. Cordine, M.D.</i>	23b. DATE SIGNED <i>8/26/52</i>
23c. ATTENDANT'S ADDRESS <i>Kellogg, Idaho.</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>James M. Glad</i>	TITLE <i>Registrar</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	25b. DATE <i>8/27/52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	25d. LOCATION (City, town, or county) (State) <i>Kellogg Idaho</i>
DATE REC'D BY LOCAL REG. <i>9/10/52</i>	REGISTRAR'S SIGNATURE <i>John Lawrence</i>	26. FUNERAL DIRECTOR'S ADDRESS <i>James M. Glad Kellogg Idaho.</i>	

MEMORANDUM FOR THE DIRECTOR

OFFICE OF THE DIRECTOR

TO :

FROM :

SUBJECT :

DATE :

BY :

RE :

RE: [Illegible text]
[Illegible text]
[Illegible text]
[Illegible text]

RE: [Illegible text]
[Illegible text]

RE: [Illegible text]
[Illegible text]

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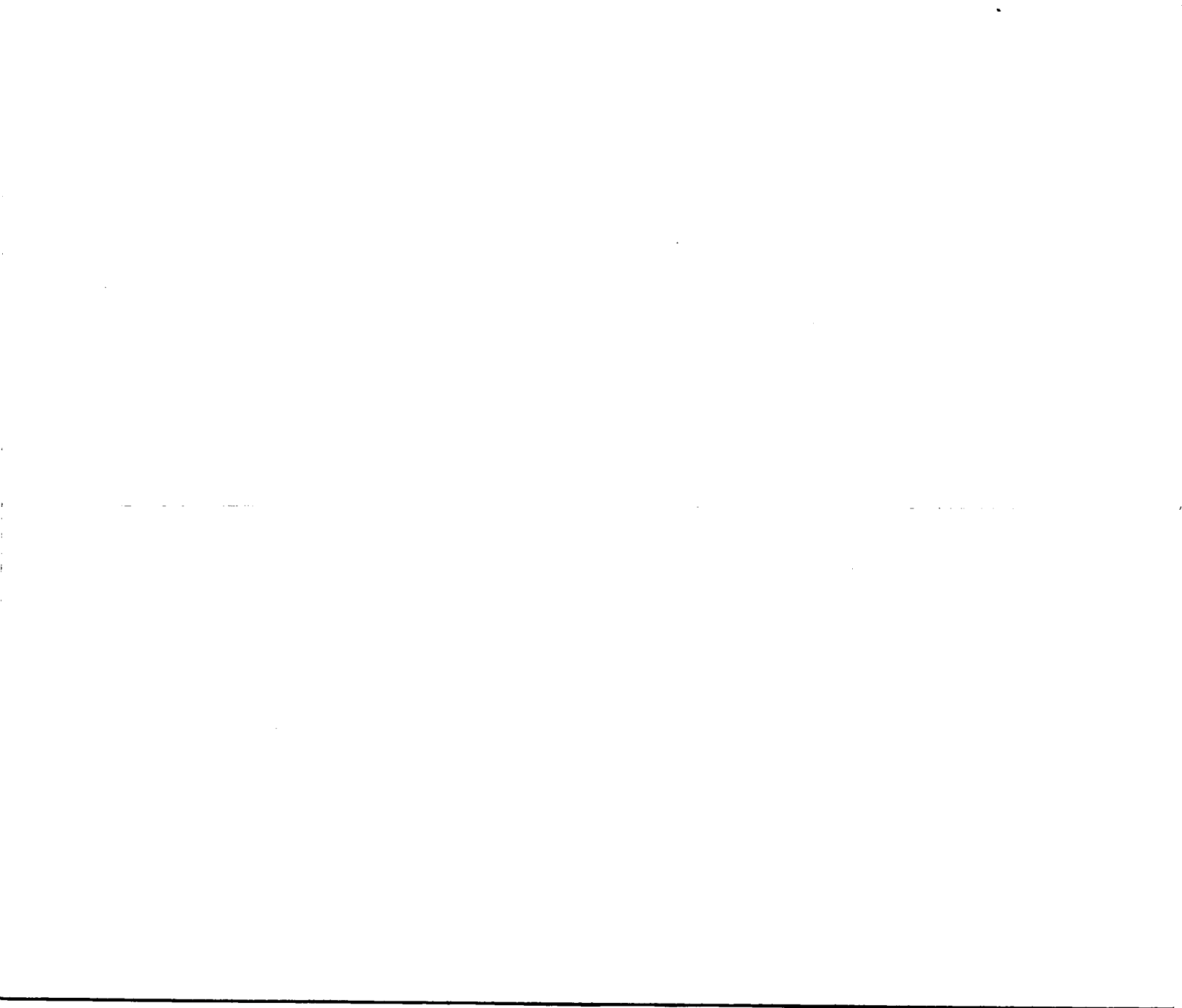
CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 56

Local Reg. No. 57

Reg. Dist. No. 620

1. PLACE OF STILLBIRTH a. COUNTY <u>Teton County</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Teton</u>	
b. CITY OR TOWN <u>Driggs Idaho</u>		c. CITY OR TOWN <u>Driggs Idaho</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Teton Valley Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>July 17 52</u>
7. FATHER'S NAME a. (First) <u>Gred</u> b. (Middle) c. (Last) <u>Brown</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Driggs Ida</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Rhoda</u> b. (Middle) c. (Last) <u>Besthouse</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Mrs. Brown</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>5</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Feb. 26 1952</u> <u>y36.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Knot in cord causing fetal anoxia</u>		20a. FETAL CAUSES 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:00 P. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Leah C. Laven M.D.</u> 23b. DATE SIGNED <u>7-20-52</u>	
23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL IF NOT attended by physician TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY <u>Bates Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Butte Idaho</u>
DATE REC'D BY LOCAL REG. <u>Aug 3-52</u>		26. FUNERAL DIRECTOR ADDRESS <u>Carl Rippelinger</u>	



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PUBLIC HEALTH SERVICE

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DIVISION OF VITAL STATISTICS
STATE OF IDAHO

State File No. 157

Local Reg. No.

Reg. Dist. No. 20

1. PLACE OF STILLBIRTH a. COUNTY <u>Idaho</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nevada</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Driggs</u>		c. CITY OR TOWN <u>Las Vegas</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idaho Valley Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2700 East Bonanza</u>	
3. CHILD'S NAME (Type or Print) <u>Rennie Kent Daniels</u>			
4. SEX <u>M</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>8-17-52</u>
7. FATHER'S NAME a. (First) <u>Owen</u> b. (Middle) <u>Herb</u> c. (Last) <u>Duane Daniels</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Driggs, Ida</u>	11a. USUAL OCCUPATION <u>fireman</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Christabel</u> b. (Middle) <u>Bishop</u> c. (Last) <u>Bishop</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>20</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Las Vegas, Nev.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Christabel Daniels, Mother</u>			
18a. LENGTH OF PREGNANCY <u>24</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>6</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March</u> <u>1939</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature, spontaneous ruptured membranes, Toxemia due to upper respiratory infection.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature, Spont. Ruptured Membranes</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Th. Ward C. Tamen</u> 23c. ATTENDANT'S ADDRESS <u>Driggs, Idaho</u>	23b. DATE SIGNED <u>8-19-52</u> 24. SIGNATURE OF AUTHORIZED OFFICIAL <u>m.d.</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Aug 18 52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bates Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Bates, Nevada</u> <u>Ida</u>
DATE REC'D BY LOCAL REG. <u>21 Aug 21-52</u>	REGISTRAR'S SIGNATURE <u>Stella Suggs</u>	26. FUNERAL DIRECTOR <u>Carl Ripplinger</u> ADDRESS	

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DIVISION OF CERTIFICATE OF STILLBIRTH
STATISTICS State of Idaho

State File No. 150

Local Reg. No. 17

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY OR TOWN <u>Twin Falls</u>		c. CITY OR TOWN <u>Twin Falls</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1207-5th Avenue East</u>	
3. CHILD'S NAME (Type or Print) <u>DEBRA LEE HILDEBRANDT</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>August 10 1952</u>
7. FATHER'S NAME a. (First) <u>Richard</u> b. (Middle) <u>Lee</u> c. (Last) <u>Hildebrandt</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	11a. USUAL OCCUPATION <u>Bus Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Virginia</u> b. (Middle) <u>Rose</u> c. (Last) <u>Warrick</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Mrs. Virginia Hildebrandt</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Breech</u> 20b. MATERNAL CAUSES <u>Premature</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Edward J. Keane</u> (Specify if M. D., midwife, or other) 23c. ATTENDANT'S ADDRESS <u>Twin Falls, Idaho</u> If NOT attended by physician	
23b. DATE SIGNED <u>8-10-52</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>8/11/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Sunset Mem. Park</u>	25d. LOCATION (City, town, or county) (State) <u>Twin Falls, Idaho</u>
DATE REC'D BY LOCAL REG. <u>8-11-52</u>		REGISTRAR'S SIGNATURE <u>Alma L. Reynolds</u> 26. FUNERAL DIRECTOR <u>Reynolds Funeral Home</u> <u>Twin Falls, Ida</u>	

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DIVISION OF VITAL STATISTICS

State of Idaho

State File No. 139

Local Reg. No. 340

Reg. Dist. No. 370

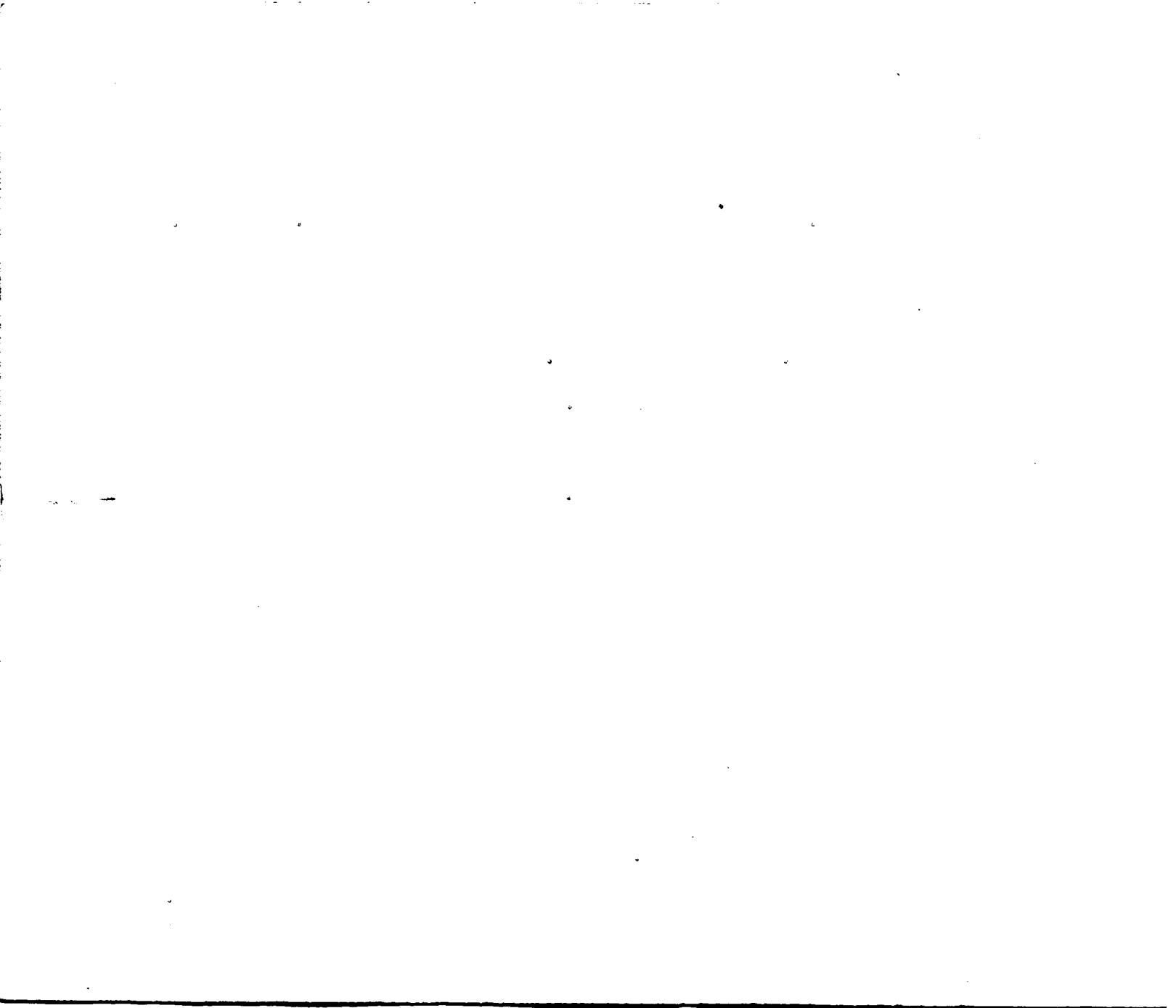
1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1616 Cleveland Blvd.</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Darling</u>					
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>June 30-1952</u>		
7. FATHER'S NAME a. (First) <u>James</u>		b. (Middle) <u>Darling</u>		c. (Last) <u>White</u>	
8. COLOR OR RACE <u>White</u>					
9. AGE (At time of this birth) <u>19</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	11a. USUAL OCCUPATION		11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Joy</u>		b. (Middle) <u>Brown</u>		c. (Last) <u>White</u>	
13. COLOR OR RACE <u>White</u>					
14. AGE (At time of this birth) <u>19</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Brule, Nebraska</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?			
17. INFORMANT <u>Joy Darling, Caldwell, Idaho</u>					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 36.2</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none</u>			
		20b. MATERNAL CAUSES <u>Premature separation of the placenta, -</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>hemorrhage</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Episiotomy</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>1:30 P</u> m.		23a. ATTENDANT'S SIGNATURE <u>John A. Mather MD</u>		23b. DATE SIGNED	
23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		If NOT attended by physician		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Peckham Baker</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>July 1-1952</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	
		25d. LOCATION (City, town, or county) <u>Caldwell, Idaho</u>		(State)	
DATE REC'D BY LOCAL REG. <u>9-29-52</u>		REGISTRAR'S SIGNATURE <u>Maple Palmer</u>		26. FUNERAL DIRECTOR <u>Peckham Baker</u> <u>Caldwell, Idaho</u>	

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SEP 19 1952 (1949 Revision of Standard Certificate)
DIVISION OF CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 50
Local Reg. No. 229
Reg. Dist. No. 220

1. PLACE OF STILLBIRTH a. COUNTY Ada b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise d. STREET ADDRESS (If rural, give location) 1807 N. 32nd St.		
3. CHILD'S NAME (Type or Print) Baby Boy Fogerson					
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) 9 (Day) 7 (Year) 52		
7. FATHER'S NAME a. (First) Amos b. (Middle) L. c. (Last) Fogerson		8. COLOR OR RACE white			
9. AGE (At time of this birth) 39 YEARS	10. BIRTHPLACE (State or foreign country) Cottonwood, Ida.	11a. USUAL OCCUPATION Grocerman	11b. KIND OF BUSINESS OR INDUSTRY Food		
12. MOTHER'S MAIDEN NAME a. (First) Johnnie b. (Middle) Fern c. (Last) Harris		13. COLOR OR RACE white			
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) Pettygrew, Ark.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none			
17. INFORMANT A. L. Fogerson					
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH 5 LBS. 6 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date February 11, 1952 y36.1			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES abrupt fetal death (spontaneous rupture membranes) probably 20b. MATERNAL CAUSES due to asphyxia placenta praevia totalis			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR fetal death with premature rupt Bow 3da prior to onset labor			22. STATE ALL OPERATIONS FOR DELIVERY none		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE Bruce C. Dudgeon 23c. ATTENDANT'S ADDRESS 620 Hays Street, Boise		23b. DATE SIGNED 9 September, 52 24. SIGNATURE OF AUTHORIZED OFFICIAL Russell Kelly TITLE RELIEA MORTUARY	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 9/12/52	25c. NAME OF CEMETERY OR CREMATORY St. Lukes Hospital	25d. LOCATION (City, town, or county) (State) Boise Idaho		
DATE REC'D BY LOCAL REG. 9-12-52	REGISTRAR'S SIGNATURE Nyette Palmer		26. FUNERAL DIRECTOR RELIEA MORTUARY ADDRESS 328 N. Latah Boise, Idaho		



CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 161
Local Reg. No. 377
Reg. Dist. No. 370

OCT 21 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4305-Clark St.</u>	
3. CHILD'S NAME (Type or Print) <u>Michael David Sweet</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 13, 1952</u>
7. FATHER'S NAME a. (First) <u>A. Raymond Sweet</u>		b. (Middle) c. (Last)	
9. AGE (At time of this birth) <u>27</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Little Falls, Minn</u>	
11a. USUAL OCCUPATION <u>Serv. Sta. Att.</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Oil Company</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Patricia Jean Conway</u>		b. (Middle) c. (Last)	
14. AGE (At time of this birth) <u>22</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	
17. INFORMANT <u>Patricia Conway - Nampa Idaho</u>		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
18a. LENGTH OF PREGNANCY WEEKS <u>8</u>	18b. WEIGHT AT BIRTH LBS. <u>11</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>June 1952 & once earlier</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>None proven - possibly because Cord tight around neck</u>		20a. FETAL CAUSES <u>none</u>	
20b. MATERNAL CAUSES <u>none</u>		(Autopsy showed no abnormality)	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None whatever</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:50 Am.</u>		23a. ATTENDANT'S SIGNATURE <u>Robert M. Arvey, M.D.</u>	
23b. DATE SIGNED <u>9-16-52</u>		23c. ATTENDANT'S ADDRESS <u>Boise, Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>John F. Alsip, Jr.</u>		TITLE <u>Funeral Director</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9/15/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Kohlerlawn Cem.</u>	25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-15-52</u>	REGISTRAR'S SIGNATURE <u>Margie Palmer</u>	26. FUNERAL DIRECTOR <u>John F. Alsip, Jr.</u> ADDRESS <u>Nampa, Idaho.</u> <u>Alsip Funeral Chapel</u>	

STANDARD FORM NO. 64

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 162
Local Reg. No. 351
Reg. Dist. No. 370

OCT 1 1952

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS 1601 N. 8th.	
3. CHILD'S NAME (Type or Print) BABY BOY JACKSON			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 19, 1952
7. FATHER'S NAME a. (First) I b. (Middle) Allen c. (Last) Jackson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Boise, Idaho	11a. USUAL OCCUPATION Postal	11b. KIND OF BUSINESS OR INDUSTRY Post Office
12. MOTHER'S MAIDEN NAME a. (First) Jean b. (Middle) W. c. (Last) Watson		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Seattle, Wn.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT I Allen Jackson 1601 N. 8th Boise, Ida.			
18a. LENGTH OF PREGNANCY 35 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 7 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date March, 1952 y36.2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Anoxia.	
		20b. MATERNAL CAUSES Premature Separation of the Placenta.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR No pregnancy complications, Premat Separation Placenta		22. STATE ALL OPERATIONS FOR DELIVERY Epidurony - Spontaneous delivery.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:10 p.m.		23a. ATTENDANT'S SIGNATURE James P. Chapman, M.D. 23c. ATTENDANT'S ADDRESS 209 Main. Boise.	
		23b. DATE SIGNED 9/20/52.	
		24. SIGNATURE OF AUTHORIZED OFFICIAL G. E. Alden TITLE McBratney-Alden	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 20, 1952	25c. NAME OF CEMETERY OR CREMATORY Morris Hill	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 9-25-52		26. FUNERAL DIRECTOR G. E. Alden ADDRESS Boise, Idaho	

OCT 16 1962

RECEIVED
141952 (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
STATISTICS
DIVISION OF
State of Idaho

State File No. 163
Local Reg. No. 364
Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Boise</u> TOWN c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>St. Alphonsus</u> INSTITUTION		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Boise</u> TOWN d. STREET (If rural, give location) ADDRESS <u>2411 Jean St/</u>	
3. CHILD'S NAME ((Type or Print)) <u>Baby Girl Luscombe</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>9 23 52</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Luscombe</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Boise, Idaho</u>	11a. USUAL OCCUPATION <u>Line Driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Wilhelmenia</u> b. (Middle) <u>Amelia</u> c. (Last) <u>Vanderlinden</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>24</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Meridian</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>none</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>W. L. Luscombe</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>not Determined.</u>	
		20b. MATERNAL CAUSES <u>Not Determined.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>RH. Negative Mother</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Max D. Lundquist</u>	23b. DATE SIGNED <u>10-2-52</u>
		23c. ATTENDANT'S ADDRESS <u>Boise Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE If NOT attended by physician <u>Amasa G. Elyea</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>9/27/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Cloverdale</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-2-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>		26. FUNERAL DIRECTOR ADDRESS <u>RELYEA MORTUARY - Boise, Idaho</u>

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RECEIVED

SEP 23 1952

(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No. 164

Local Reg. No. 287

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1108 East Poplar</u>	
3. CHILD'S NAME (Type or Print) <u>John Wesley Allen</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 3, 1952</u>
7. FATHER'S NAME a. (First) <u>Wesley</u> b. (Middle) <u>John</u> c. (Last) <u>Allen</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Lewiston, Idaho</u>	11a. USUAL OCCUPATION <u>Machinist Apprentice</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>N. O. P</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Viola</u> b. (Middle) <u>Gertrude</u> c. (Last) <u>Watson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Viola Watson Allen</u>			
18a. LENGTH OF PREGNANCY <u>34</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>.....</u> Approximate date <u>9-3-52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>not known</u>		
	20b. MATERNAL CAUSES <u>not known</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>4:45</u> A. M.		23a. ATTENDANT'S SIGNATURE <u>Ralph B. Hegsted M.D.</u>	23b. DATE SIGNED <u>9-11-52</u>
23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>[Signature]</u>	TITLE <u>[Title]</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 6, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello Idaho</u>
DATE REC'D BY LOCAL REG. <u>SEP 19 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>Pocatello, Idaho</u>

D.C. RAY

PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICERECEIVED
SEP 26 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 135

Local Reg. No. 288

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY OR TOWN <u>Pocatello</u>		c. CITY OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>722 West Center</u>	
3. CHILD'S NAME (Type or Print) <u>Violet Marie Johnson</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 15, 1952</u>
7. FATHER'S NAME a. (First) <u>Fredrick</u> b. (Middle) <u>Allen</u> c. (Last) <u>Johnson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>49 YEARS</u>	10. BIRTHPLACE (State or foreign country) <u>Oklahoma City, Okla.</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Simplot</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Ida</u> b. (Middle) <u>Mae</u> c. (Last) <u>Curell</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>27 YEARS</u>	15. BIRTHPLACE (State or foreign country) <u>Twin Fall, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>Two</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Ida Johnson, Mother</u>			
18a. LENGTH OF PREGNANCY <u>38 WEEKS</u>	18b. WEIGHT AT BIRTH <u>8 LBS. 6 3/4 OZS.</u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>9-16-52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>intra uterine foetal death due to</u>	
		20b. MATERNAL CAUSES <u>premature separation of placenta & blood clot.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:40 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>D.C. Ray</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Pocatello</u>		23b. DATE SIGNED <u>9-16-52</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		25b. DATE <u>SEPT 15, 1952</u>	
25c. NAME OF CEMETERY OR CREMATORY <u>MOUNTAIN VIEW</u>		25d. LOCATION (City, town, or county) (State) <u>Pocatello Bannock IDAHO</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>SEP 25 1952</u>		26. FUNERAL DIRECTOR <u>Alvin J. Manning Pocatello, Ida.</u>	

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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POSTAL TELEGRAPH

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UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

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UNITED STATES OF AMERICA

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RECEIVED
OCT 14 1952
DIVISION OF CERTIFICATE OF DEATH
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 136Local Reg. No. 304Reg. Dist. No. 510

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY	Bannock	a. STATE	Idaho
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello	b. COUNTY	Bannock
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION	St. Anthony Mercy Hospital	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	Pocatello
		d. STREET ADDRESS (If rural, give location)	1423 N. Harrison

3. CHILD'S NAME
(Type or Print)

Marcus John Quinn, Jr.

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF STILLBIRTH (Month) (Day) (Year)
Male	SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	September 21, 1952

7. FATHER'S NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Marcus	John	Quinn	white
9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY	
43 YEARS	Basalt, Idaho	Fireman	UPRR	

12. MOTHER'S MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE						
	Pauline	Mona	Kump	white						
14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)								
34 YEARS	Shelly, Idaho	<table border="1"> <tr> <td>a. How many children are now living?</td> <td>b. How many children were born alive but are now dead?</td> <td>c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?</td> </tr> <tr> <td>4</td> <td>0</td> <td>0</td> </tr> </table>			a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	4	0	0
a. How many children are now living?	b. How many children were born alive but are now dead?	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?								
4	0	0								
17. INFORMANT										
Pauline Quinn (mother)										

18a. LENGTH OF PREGNANCY	18b. WEIGHT AT BIRTH	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
40 WEEKS	6 LBS. 13 OZS.	Approximate date May 1952

CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES
	Cerebral anoxia
	20b. MATERNAL CAUSES
	Anemia, acute, secondary to hemorrhage

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	22. STATE ALL OPERATIONS FOR DELIVERY
Partial premature separation of placenta marginal placental cord	none

I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6 P.</u> m.	23a. ATTENDANT'S SIGNATURE	(Specify if M. D., midwife, or other)	23b. DATE SIGNED
	<i>[Signature]</i>	midwife	26 Sept '52
	23c. ATTENDANT'S ADDRESS	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL
	Pocatello, Idaho		TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county)	(State)
Burial	22, 1952	Mountain View	Pocatello	IDaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	26. FUNERAL DIRECTOR	ADDRESS
OCT 13 1952	<i>[Signature]</i>	<i>[Signature]</i>	Allen J. Manning Hall, Realtor Pocatello, Idaho

2:00 PM
10-10-68
10-10-68

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

10-10-68
10-10-68

TO: SAC, NEW YORK	FROM: SAC, NEW YORK
SUBJECT: [REDACTED]	DATE: 10-10-68
RE: [REDACTED]	FILE NO. [REDACTED]

CLASSIFICATION	EXEMPTION	DATE
[REDACTED]	[REDACTED]	[REDACTED]

APPROVED	SPECIAL AGENT IN CHARGE
[REDACTED]	[REDACTED]

COPIES	TO: [REDACTED]
BY: [REDACTED]	DATE: [REDACTED]

REMARKS	[REDACTED]
[REDACTED]	[REDACTED]

APPROVED	SPECIAL AGENT IN CHARGE
[REDACTED]	[REDACTED]

DATE	10-10-68
TIME	10:00 AM

RECEIVED

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 107

Local Reg. No. 7

Reg. Dist. No. 11a

1. PLACE OF STILLBIRTH a. COUNTY BONNER		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE IDAHO b. COUNTY BOUNDARY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SANDPOINT		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NAPLES	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BONNER GENL HOSPITAL		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	
3. CHILD'S NAME (Type or Print) INFANT BOY LATHROP			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 9-28-1952
7. FATHER'S NAME a. (First) ERNEST	b. (Middle) J.	c. (Last) LATHROP	8. COLOR OR RACE WHITE
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) OREGON	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) MAXINE	b. (Middle) D.	c. (Last) McFarland	13. COLOR OR RACE WHITE
14. AGE (At time of this birth) 34 YEARS	15. BIRTHPLACE (State or foreign country) WASHINGTON	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? NONE c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? NONE	
17. INFORMANT Ernest J. Lathrop			
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH not weighed	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 5/16/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Intra uterine death - cause unknown	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:58 A. m.		23a. ATTENDANT'S SIGNATURE Helen Peterson M.D.	23b. DATE SIGNED 10/3/52
23c. ATTENDANT'S ADDRESS Sandpoint-Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL L. G. MOON	TITLE CLERK
25a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL	25b. DATE 9-30-52	25c. NAME OF CEMETERY OR CREMATORY PINECREST CEM	25d. LOCATION (City, town, or county) (State) SANDPOINT IDAHO
DATE REC'D BY LOCAL REG. Oct. 7-1952	REGISTRAR'S SIGNATURE Merlene H. Wiley	26. FUNERAL DIRECTOR L. G. MOON ADDRESS SANDPOINT IDAHO	

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OCT 7 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITALS CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No. 158

Local Reg. No. 179

Reg. Dist. No. 6/0

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonawille</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Idaho Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Preston</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sacred Heart Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>248 East 1st So.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Girl Christensen</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 19, 1952</u>
7. FATHER'S NAME a. (First) <u>Hal</u> b. (Middle) <u>Samuel</u> c. (Last) <u>Christensen</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Logan, Utah</u>	11a. USUAL OCCUPATION <u>U.S. Army</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>1st Lt.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Eva</u> b. (Middle) <u>Joy</u> c. (Last) <u>Wallgren Christensen</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Preston, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Hall Christensen Preston, Ida</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>13 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>March 1952</u> <u>Y36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Complete abruption placenta</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>abruption placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean section</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Jack R. Carey M.D.</u>	
23b. ATTENDANT'S ADDRESS <u>Idaho Falls, Ida.</u>		23b. DATE SIGNED <u>9/24/52</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Herman Christensen</u>		TITLE <u>Preston, Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	25b. DATE <u>9-20-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Preston</u>	25d. LOCATION (City, town, or county) (State) <u>Preston, Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Sept. 26-1952 Anna Biedgen</u>		26. FUNERAL DIRECTOR ADDRESS <u>Herman Christensen Preston, Idaho</u>	

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OCT 17 1952

(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

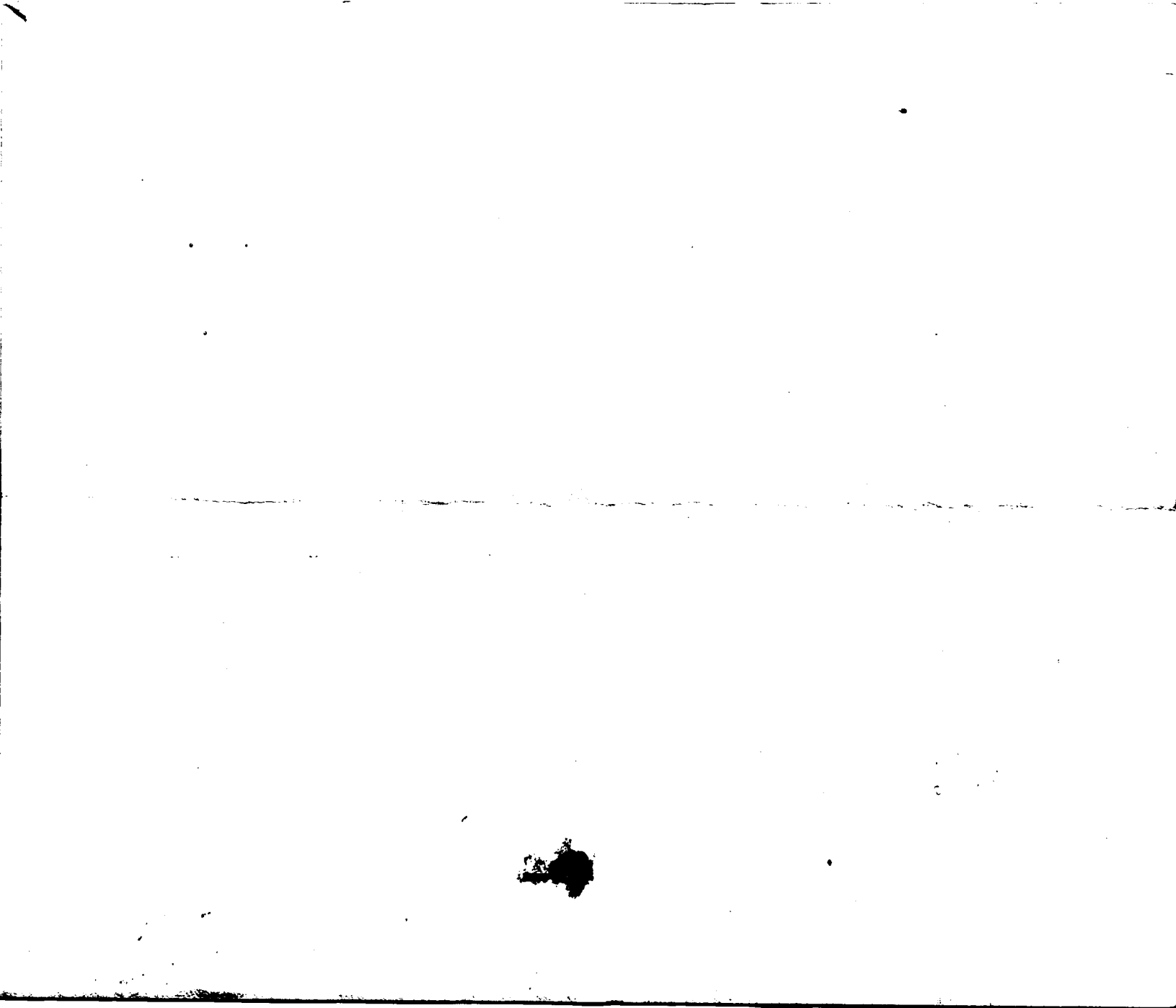
State of Idaho

State File No. 100

Local Reg. No. 10

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u>		b. COUNTY <u>Canyon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nampa</u>		d. STREET ADDRESS (If rural, give location) <u>1216 12th Ave. So.</u>	
3. CHILD'S NAME (Type or Print) <u>INFANT DAUGHTER JOHNSTONE</u>					
4. SEX <u>FEM.</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept., 19, 1952</u>		
7. FATHER'S NAME a. (First) <u>Leonard</u>		b. (Middle) <u>Johnstone</u>		c. (Last) <u>W</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	11a. USUAL OCCUPATION <u>Laborer</u>	11b. KIND OF BUSINESS OR INDUSTRY		
12. MOTHER'S MAIDEN NAME a. (First) <u>Denise</u>		b. (Middle) <u>I</u>		c. (Last) <u>Smith</u>	
14. AGE (At time of this birth) <u>23</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Nampa, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>-</u> b. How many children were born alive but are now dead? <u>-</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>-</u>			
17. INFORMANT					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>Y 39.6</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Stillborn - baby had been dead several days. Cause unknown.</u>			
20b. MATERNAL CAUSES					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>H. J. Bullock</u>		(Specify if M. D., midwife, or other) <u>M.D.</u>	
23c. ATTENDANT'S ADDRESS		23b. DATE SIGNED <u>Sept 29-52</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Lewis Edmunds</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>9/25/52</u>		25c. NAME OF CEMETERY OR CREMATORY <u>Kohlen lawn Cemetery</u>	
25d. LOCATION (City, town, or county) (State) <u>Nampa, Idaho</u>		26. FUNERAL DIRECTOR <u>Lewis Edmunds Mortuary</u>			



SEP 16 1952

(1949 Revision of Standard Certificate)

DIVISION OF CERTIFICATE OF STILLBIRTH

STATISTICS

State of Idaho

State File No. 170

Local Reg. No. 40

Reg. Dist. No. 360

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell, Idaho</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Caldwell Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>816 No. 30th Street</u>		
3. CHILD'S NAME (Type or Print) <u>Janet Marie Norquist Nyquist</u>					
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>September 9, 1952</u>		
7. FATHER'S NAME a. (First) <u>Ralph</u> b. (Middle) <u>F.</u> c. (Last) <u>Nyquist</u>		8. COLOR OR RACE <u>White</u>			
9. AGE (At time of this birth) <u>54</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Salt Lake, Utah</u>	11a. USUAL OCCUPATION <u>Cook</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>	
12. MOTHER'S MAIDEN NAME a. (First) <u>Florence</u> b. (Middle) <u>May</u> c. (Last) <u>Swinney</u>		13. COLOR OR RACE <u>White</u>			
14. AGE (At time of this birth) <u>38</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Gilford, Montana</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>5</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>			
17. INFORMANT <u>Ralph F. Nyquist, Father</u>					
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>September 9-7-52</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Detached placenta</u>			
		20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Detached placenta</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>Neutrogen</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:40 A.M.</u>		23a. ATTENDANT'S SIGNATURE <u>John C. Nyquist M.D.</u>		23b. DATE SIGNED <u>9-7-52</u>	
		23c. ATTENDANT'S ADDRESS <u>Caldwell, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>C. V. Peckham</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		25b. DATE <u>Sept. 9-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>		25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>9/13/52</u>		REGISTRAR'S SIGNATURE <u>Agnes M. Denman</u>		26. FUNERAL DIRECTOR <u>Caldwell, Idaho</u>	

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(1949 Revision of Standard Certificate)

OCT 6 1952 CERTIFICATE OF STILLBIRTH

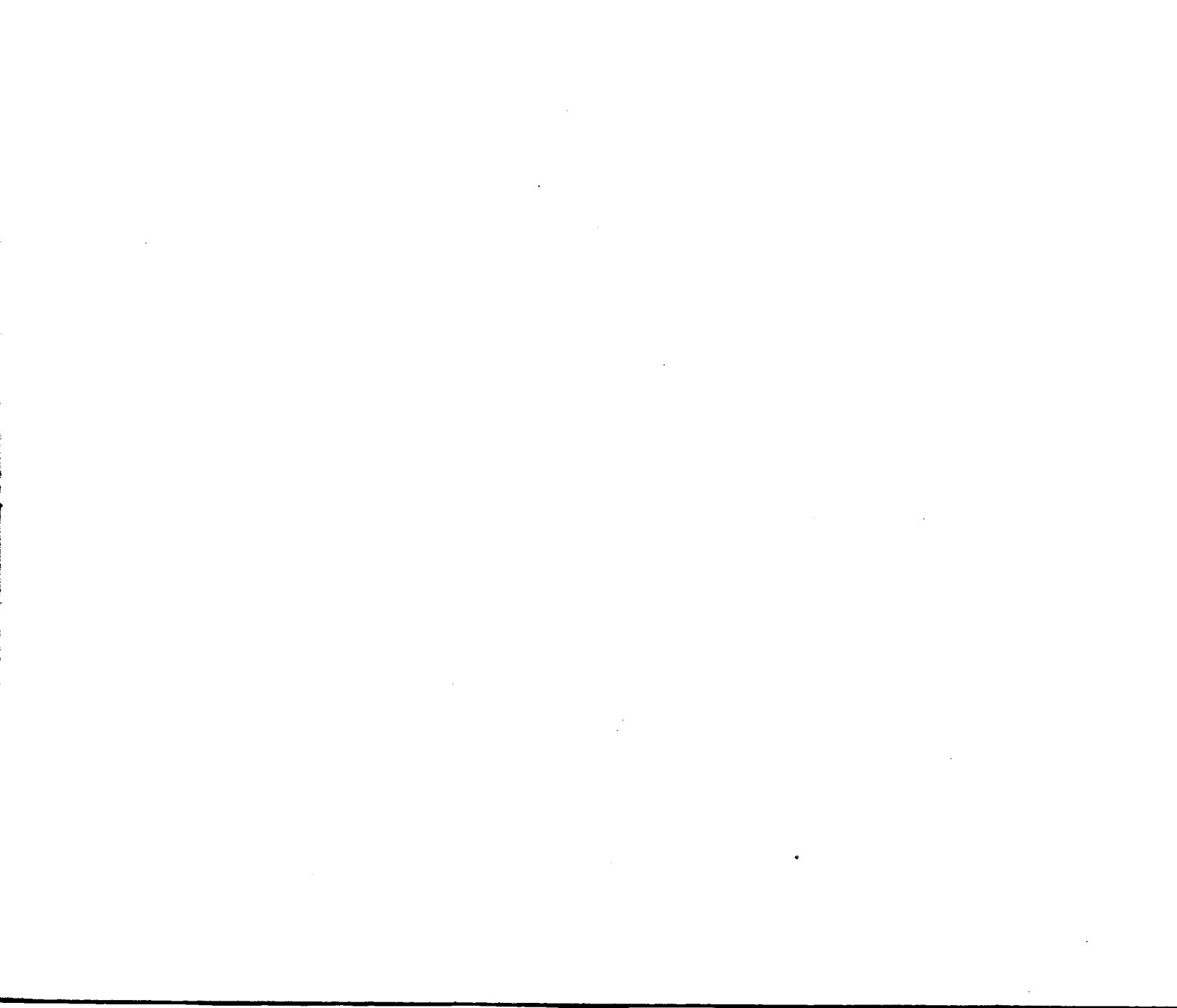
DIVISION OF VITAL State of Idaho

State File No. 171

Local Reg. No. 371

Reg. Dist. No. 360

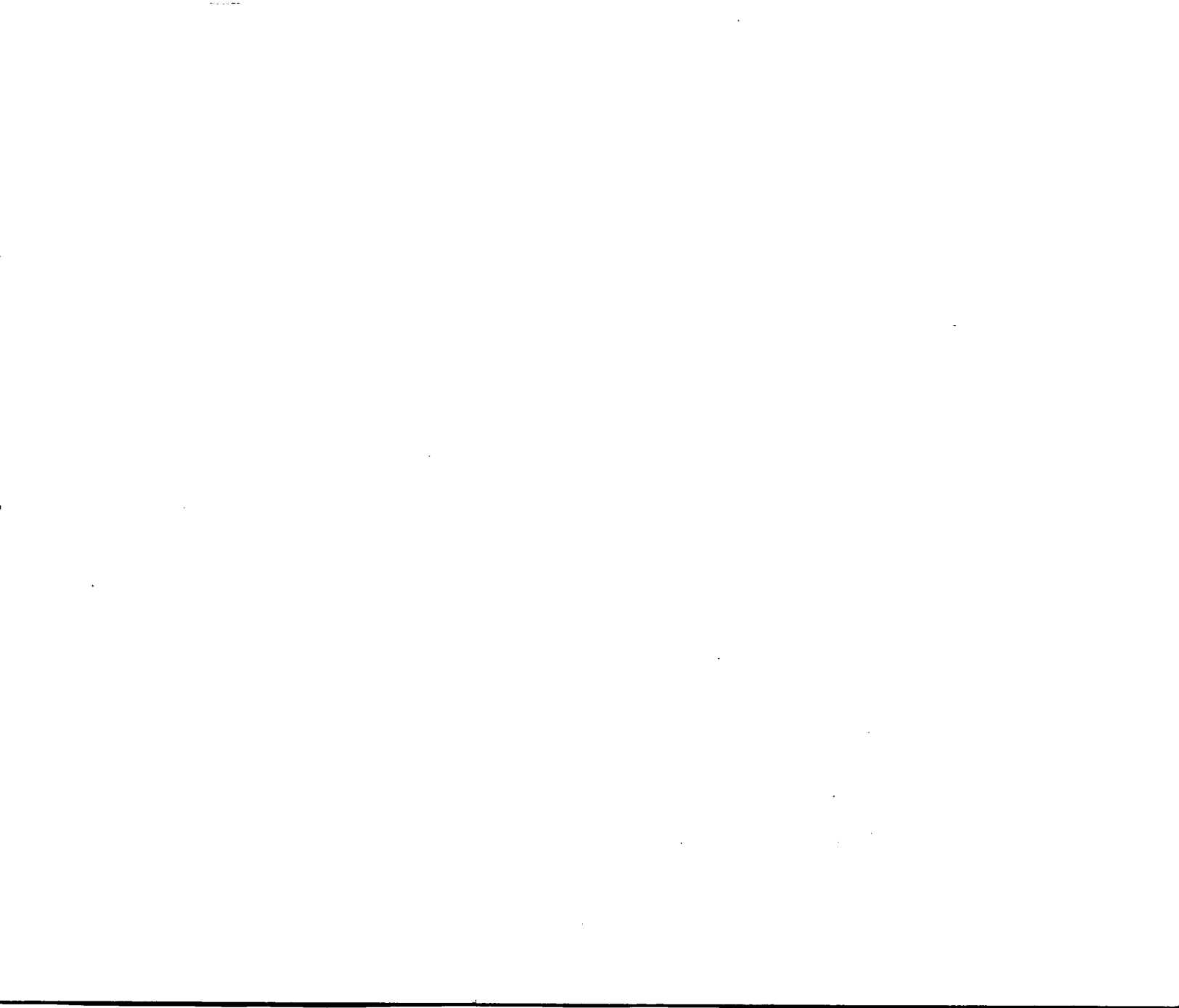
1. PLACE OF STILLBIRTH STATISTICS		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY CANYON		a. STATE IDAHO	b. COUNTY CANYON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALDWELL	
c. FULL NAME OF HOSPITAL OR INSTITUTION CALDWELL Memorial Hospital		d. STREET ADDRESS (If rural, give location) 1519 IDAHO ST	
3. CHILD'S NAME (Type or Print) Baby Girl Pasley			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 25, 1952
7. FATHER'S NAME a. (First) RAYMOND b. (Middle) CARTER c. (Last) PASLEY, JR.	8. COLOR OR RACE White		
9. AGE (At time of this birth) 29 YEARS	10. BIRTHPLACE (State or foreign country) CALDWELL, IDAHO	11a. USUAL OCCUPATION MERCHANT	11b. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE
12. MOTHER'S MAIDEN NAME a. (First) HELEN b. (Middle) MARKWOOD c. (Last) BATT	13. COLOR OR RACE White		
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) WILDER, IDAHO	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT W.C. Pasley Jr.			
18a. LENGTH OF PREGNANCY 39 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 16 Feb 52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Cranial developmental defect.	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR threatened abortion		22. STATE ALL OPERATIONS FOR DELIVERY section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:44 a.m.		23a. ATTENDANT'S SIGNATURE S.D. Simpson	23b. DATE SIGNED 25 Sept 52
23c. ATTENDANT'S ADDRESS Caldwell		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL Peckham-Dakan
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Sept. 26, 1952	25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	25d. LOCATION (City, town, or county) (State) Caldwell, Idaho
DATE REC'D BY LOCAL REG. 10/1/52		26. FUNERAL DIRECTOR Peckham-Dakan Caldwell, Idaho	



RECEIVED (1949 Revision of Standard Certificate)
SEP 16 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 172
Local Reg. No.
Reg. Dist. No. 520-521

1. PLACE OF BIRTH a. COUNTY <i>Caribou</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live) a. STATE <i>Idaho</i> b. COUNTY <i>Bear Lake</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Soda Springs Idaho</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Montpelier Idaho</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Caribou County Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <i>Baby Lauritzen</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Sept 11, 1952</i>
7. FATHER'S NAME a. (First) <i>William</i> b. (Middle) <i>G</i> c. (Last) <i>Lauritzen</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (At time of this birth) <i>31</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Logan, Utah</i>	11a. USUAL OCCUPATION <i>Bus Operator</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Eileen</i> b. (Middle) <i>Tagel</i> c. (Last) <i>Goodwin</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (At time of this birth) <i>35</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Southland, Texas</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>None</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Wm G Lauritzen</i>			
18a. LENGTH OF PREGNANCY <i>41</i> WEEKS	18b. WEIGHT AT BIRTH <i>11</i> LBS. <i>0</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Feb 1952</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Unknown</i>	
		20b. MATERNAL CAUSES <i>Hydramnios</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Hydramnios</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Cesarean Section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>Russell Sigurdson MD</i>	23b. DATE SIGNED <i>11 Sept 52</i>
		23c. ATTENDANT'S ADDRESS <i>Soda Springs, Ida</i>	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Arleue Morris</i> TITLE <i>Public Health Officer</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	25b. DATE <i>Sept 12 '52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Logan Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Logan Utah</i>
DATE REC'D BY LOCAL REG. <i>9-11-52</i>	REGISTRAR'S SIGNATURE <i>Arleue Morris</i>	26. FUNERAL DIRECTOR <i>Phil Matthews</i>	ADDRESS <i>Montpelier Idaho</i>



RECEIVED
CERTIFICATE OF STILLBIRTH
SEP 27 1952 State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Gooding</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gooding</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richfield - Rural - 5 mi N.</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gooding Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>no name</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 18 - Thurs - 1952</u>
7. FATHER'S NAME a. (First) <u>Wendell</u> b. (Middle) <u>A.</u> c. (Last) <u>King</u>		8. COLOR OR RACE	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Garland Utah</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>for self</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Gene</u> c. (Last) <u>Sorensen</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Burman - Ida</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>1</u>	
17. INFORMANT <u>Wendell A. King</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. <u>Yes</u> Approximate date <u>736.0</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Strangulation of cord</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:30 P.M.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>F. E. O. Smith M.D.</u>	
23b. DATE SIGNED <u>9/19</u>		23c. ATTENDANT'S ADDRESS <u>Gooding Ida</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Bishop C Ward</u>		TITLE <u>Richfield Ida</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Sept. 19 - 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Richfield</u>	25d. LOCATION (City, town, or county) (State) <u>Richfield Idaho</u>
DATE REC'D BY LOCAL REG. <u>9,26,52</u>	REGISTERAR'S SIGNATURE <u>J. H. Cunnell</u>	26. FUNERAL DIRECTOR ADDRESS <u>Bishop C Ward Richfield Ida</u>	

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535

January 1, 1964

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

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RECEIVED
OCT 10 1952
DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 174

Local Reg. No. 17

Reg. Dist. No. 642

1. PLACE OF STILLBIRTH a. COUNTY Jefferson		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rigby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rigby	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hendricks Maternity Hospital		d. STREET ADDRESS (If rural, give location) Rte. #2	
3. CHILD'S NAME (Type or Print) BABY SMITH			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Sept. 20, 1952
7. FATHER'S NAME a. (First) Frank b. (Middle) E. c. (Last) Dell		8. COLOR OR RACE White	
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Idaho	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Farming
12. MOTHER'S MAIDEN NAME a. (First) Addaline b. (Middle) Yearsley c. (Last) Smith		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 0	
17. INFORMANT Dell Smith			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 9 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 2-6-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Prolonged Labor	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Prolonged Labor.		22. STATE ALL OPERATIONS FOR DELIVERY Low forceps and episiotomy.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:30 P.m.	23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Dell Smith		23b. DATE SIGNED 10/3/52
	23c. ATTENDANT'S ADDRESS Rigby, Idaho	If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 9/21/1952	25c. NAME OF CEMETERY OR CREMATORY Rigby Pioneer Cemetery	25d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho
DATE REC'D BY LOCAL REG. 10/3/52	REGISTRAR'S SIGNATURE Mrs. A. B. Orselle	26. FUNERAL DIRECTOR Bruce A. Eckert	ADDRESS Rigby, Idaho.



RECEIVED
OCT 14 1952DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 175Local Reg. No. 51Reg. Dist. No. 462

1. PLACE OF STILLBIRTH

a. COUNTY

Minidokab. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWNRupertc. FULL NAME OF (If born in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONChristman Nursing Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

Minidokac. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWNRupertd. STREET
ADDRESS

(If rural, give location)

309-2nd St.

3. CHILD'S NAME

(Type or Print)

Susane Marie Gillespi

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Sept. 19 1952

7. FATHER'S NAME

a. (First)

Lloyd

b. (Middle)

Harding

c. (Last)

Gillespi

8. COLOR OR RACE

white

9. AGE (At time of this birth)

32

YEARS

10. BIRTHPLACE (State or foreign country)

Rupert Idaho

11a. USUAL OCCUPATION

Chase machine

11b. KIND OF BUSINESS OR INDUSTRY

Chase Factory

12. MOTHER'S MAIDEN NAME

a. (First)

Jane

b. (Middle)

c. (Last)

Cook

13. COLOR OR RACE

white

14. AGE (At time of this birth)

27

YEARS

15. BIRTHPLACE (State or foreign country)

McCall Nevada

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

2

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Lloyd Harding Gillespi18a. LENGTH OF PREGNANCY
WEEKS3818b. WEIGHT AT BIRTH
LBS. OZS.6 1 019. Was a standard serological test for syphilis performed? Yes ☒ No ☐
Approximate date 4/30/52

CAUSE OF STILLBIRTH

State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

20b. MATERNAL CAUSES

Premature separation of placenta - 24 hours before delivery

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:05 A.M.

23a. ATTENDANT'S SIGNATURE

(Specify if M.D., midwife or other)

Carroll M. Elmore M.D.

23b. DATE SIGNED

9/22/52

23c. ATTENDANT'S ADDRESS

Rupert, Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

9-20-52

25c. NAME OF CEMETERY OR CREMATORY

Rupert Cemetery

25d. LOCATION (City, town, or county)

Rupert Idaho

(State)

DATE REC'D BY LOCAL REG.

9-23-1952

REGISTRAR'S SIGNATURE

C. M. Elmore

26. FUNERAL DIRECTOR

Rodney D. Goodman

ADDRESS

Rupert Idaho

CERTIFICATE OF STILLBIRTH

OCT 21 1952 State of Idaho

State File No.

Local Reg. No. 378

Reg. Dist. No. 270

176

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Alphonsus		d. STREET ADDRESS (If rural, give location) 1703. No. 16th St.	
3. CHILD'S NAME (Type or Print) Fred McCormick			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 2nd. 1952
7. FATHER'S NAME a. (First) Fred b. (Middle) Ray c. (Last) McCormick		8. COLOR OR RACE White	
9. AGE (At time of this birth) 40 YEARS	10. BIRTHPLACE (State or foreign country) Malad Idaho	11a. USUAL OCCUPATION Engineer	11b. KIND OF BUSINESS OR INDUSTRY Construction
12. MOTHER'S MAIDEN NAME a. (First) Napina b. (Middle) Margaret c. (Last) Ternan		13. COLOR OR RACE White	
14. AGE (At time of this birth) 41 YEARS	15. BIRTHPLACE (State or foreign country) Boise Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Three b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Fred McCormick</i>			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date About March 15 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Premature Looming of Placenta (?) 36.2</i> 20b. MATERNAL CAUSES <i>None known Baby dead about 6 days before birth</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>None</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>M. D. Drayton M.D.</i>	
23c. ATTENDANT'S ADDRESS <i>Boise Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. T. McCann</i>	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Oct 3. 1952	25c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	25d. LOCATION (City, town, or county) (State) Boise Idaho
DATE REC'D BY LOCAL REG. 10-15-52	REGISTRAR'S SIGNATURE <i>Myrtle Palmer</i>	26. FUNERAL DIRECTOR ADDRESS Schreiber-McCann-Gibson. Boise Idaho	

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the 1990s, the number of people in the world who are undernourished has declined from 1.1 billion to 800 million. The number of people who are malnourished has declined from 1.5 billion to 1 billion. The number of people who are obese has increased from 100 million to 300 million. The number of people who are overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million. The number of people who are obese and overweight has increased from 100 million to 300 million.

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(1949 Revision of Standard Certificate)

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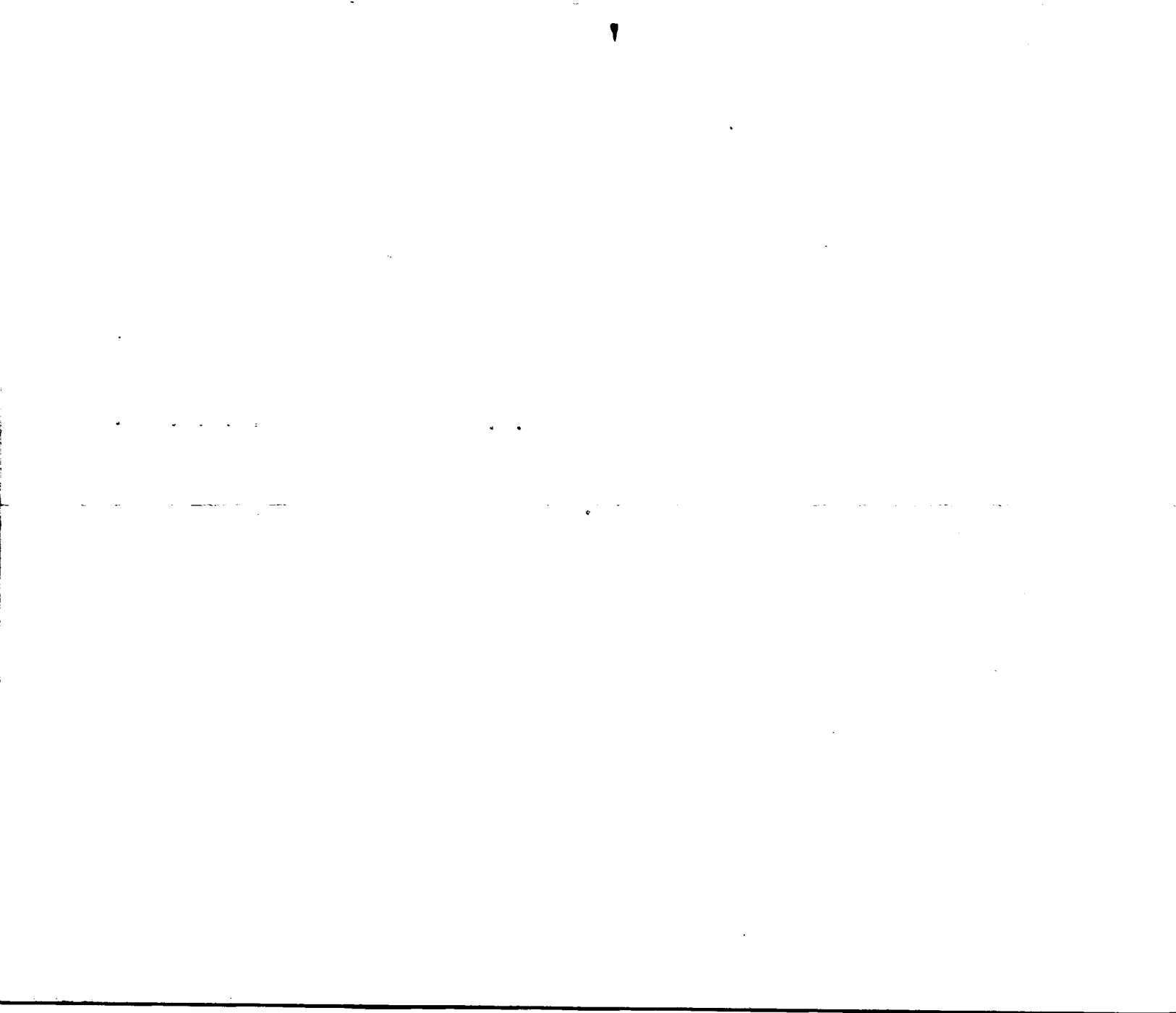
DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 177

Local Reg. No. 877

Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 816 Sherman	
3. CHILD'S NAME (Type or Print) JANET STEVENS			
4. SEX FEM.	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 13, 1952
7. FATHER'S NAME a. (First) Clinton		b. (Middle) Stevens c. (Last) white	
9. AGE (At time of this birth) 33 YEARS	10. BIRTHPLACE (State or foreign country) Crane, Oregon	11a. USUAL OCCUPATION R.R. Fireman	11b. KIND OF BUSINESS OR INDUSTRY U.P.R.R. Co.
12. MOTHER'S MAIDEN NAME a. (First) Esther		b. (Middle) Bushnell c. (Last) white	
14. AGE (At time of this birth) 32 YEARS	15. BIRTHPLACE (State or foreign country) Nebr.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT C. B. Stevens			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 10/36.1	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Placenta praevia	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none except above		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Paul Reynolds M.D.	
23b. DATE SIGNED 10-17-52		24. SIGNATURE OF AUTHORIZED OFFICIAL Lewis Edmunds	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10/15/52	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 10-28-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR Lewis Edmunds Mortuary	



DIVISION OF VITAL

STATISTICS

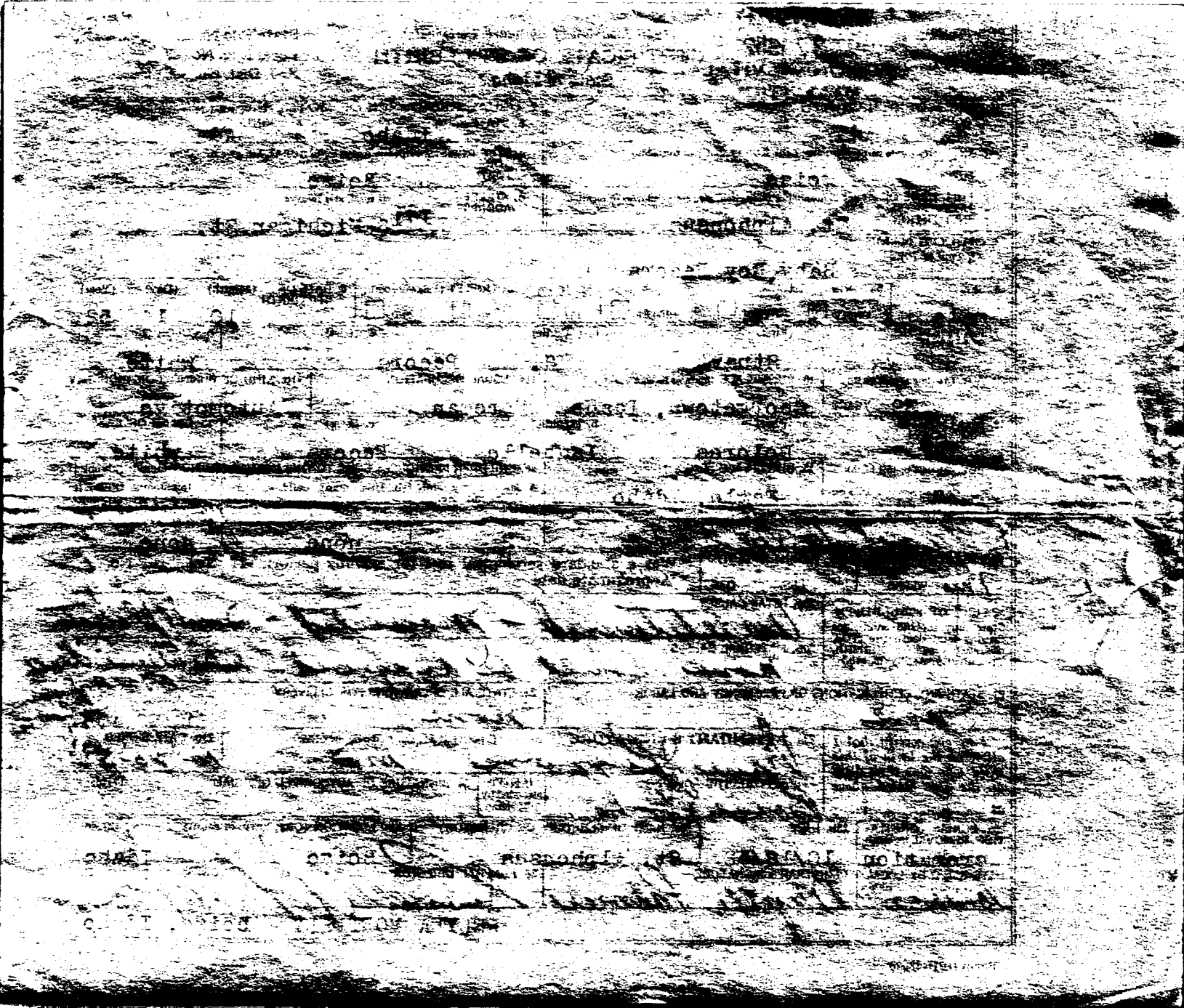
(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 178Local Reg. No. 392Reg. Dist. No. 370

1. PLACE OF STILLBIRTH a. COUNTY <u>Ada</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Alphonsus</u>			2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Ada</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boise</u> d. STREET ADDRESS (If rural, give location) <u>1716 Michigan St.</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Boy Pecora</u>					
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10 16 52</u>		
7. FATHER'S NAME a. (First) <u>Stuart</u> b. (Middle) <u>C.</u> c. (Last) <u>Pecora</u>		8. COLOR OR RACE <u>white</u>			
9. AGE (At time of this birth) <u>39</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Georgetown, Idaho</u>	11a. USUAL OCCUPATION <u>Foreman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Automotive</u>		
12. MOTHER'S MAIDEN NAME a. (First) <u>Dolores</u> b. (Middle) <u>Isabelle</u> c. (Last) <u>Pecora</u>		13. COLOR OR RACE <u>white</u>			
14. AGE (At time of this birth) <u>37</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Eagle, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>			
17. INFORMANT <u>Stuart C. Pecora</u>					
18a. LENGTH OF PREGNANCY <u>7 1/2</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. <u>✓</u> Approximate date <u>10-18-52</u>			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Undetermined - molarated - Small placenta</u> 20b. MATERNAL CAUSES <u>none .. could be diagnosed - intra uterine death 6+ weeks prior to labor</u>			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none</u>			22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <u>Russell G. Elyea</u> 23b. ATTENDANT'S ADDRESS <u>Boise Idaho</u>		23c. DATE SIGNED <u>10-20-52</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		25b. DATE <u>10/18/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus</u>	25d. LOCATION (City, town, or county) (State) <u>Boise Idaho</u>	
DATE REC'D BY LOCAL REG. <u>10-20-52</u>	REGISTRAR'S SIGNATURE <u>Myrtle Palmer</u>	26. FUNERAL DIRECTOR <u>Russell G. Elyea</u>		ADDRESS <u>RELYEA MORTUARY Boise, Idaho</u>	



1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Hall</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Anthony Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Fisher</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 7, 1952</u>
7. FATHER'S NAME a. (First) <u>George</u> b. (Middle) <u>B.</u> c. (Last) <u>Fisher</u>		8. COLOR OR RACE <u>Indian</u>	
9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Bannock Creek, Idaho</u>	11a. USUAL OCCUPATION <u>Farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Cornelia</u> b. (Middle) <u>—</u> c. (Last) <u>Pocatello</u>		13. COLOR OR RACE <u>Indian</u>	
14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Bannock Creek, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>3</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT Information was obtained from previous record due to mothers death. <u>L.O.I.</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>2 1/2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Y 32.3</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <u>Eclampsia</u>		20a. FETAL CAUSES <u>Eclampsia</u>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Eclampsia Takenia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>—</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>7 P.M.</u> m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Larry H. Hammond M.D.</u>	
23b. DATE SIGNED <u>Oct 9 1952</u>		23c. ATTENDANT'S ADDRESS <u>Pocatello Idaho</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL <u>—</u>		TITLE <u>—</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>10-11-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Bannock Creek</u>	25d. LOCATION (City, town, or county) (State) <u>Power County Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR ADDRESS <u>Downing Funeral Home Pocatello Idaho</u> <u>of John Brown</u>	

RECEIVED (1949 Revision of Standard Certificate)

NOV 8 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 180

Local Reg. No. 327

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock		a. STATE Idaho	b. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS 174 Washington	
3. CHILD'S NAME (Type or Print) Baby girl Fountain			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) October 15, 1952
7. FATHER'S NAME a. (First) b. (Middle) c. (Last) Unknown		8. COLOR OR RACE White	
9. AGE (At time of this birth) ? YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION Pipe fitter	11b. KIND OF BUSINESS OR INDUSTRY Westvaco
12. MOTHER'S MAIDEN NAME a. (First) b. (Middle) c. (Last) Coralie Fountain		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Springfield, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Coralie Fountain, Mother			
18a. LENGTH OF PREGNANCY 22½ WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 11½ OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Prolapse of cord 20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 10:00 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D. 23b. DATE SIGNED Oct. 17, 1952	
23c. ATTENDANT'S ADDRESS Pocatello		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE Jack Henderson	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 10-15-52	25c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. NOV 7 1952		26. FUNERAL DIRECTOR ADDRESS Jack Henderson Pocatello, Ida.	

RECEIVED DIVISION OF VITAL STATISTICS

OCT 18 1952

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) Blackfoot		c. CITY (If outside corporate limits, write RURAL and give township) Pingree, Idaho	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Pingree, Idaho	
3. CHILD'S NAME (Type or Print) Robert Walker Stroh			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 13, 1952
7. FATHER'S NAME a. (First) Clarence b. (Middle) Stroh c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 42 YEARS	10. BIRTHPLACE (State or foreign country) Anchor, Illinois	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Owner
12. MOTHER'S MAIDEN NAME a. (First) Mabel b. (Middle) Walker c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 36 YEARS	15. BIRTHPLACE (State or foreign country) Richfield, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Clarence Stroh			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 3/15/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Frank breach presentation	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY forceps extraction of after-coming head	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 11:30 p.m.		23a. ATTENDANT'S SIGNATURE (Specify if M., D., midwife, or other) M.D. 23b. DATE SIGNED 10/15/52	
23c. ATTENDANT'S ADDRESS 10 West Bridge Blackfoot, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Phillip Cooper TITLE Blackfoot, Idaho	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10-15-52	25c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	25d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG. Oct 12 1952		26. FUNERAL DIRECTOR Phillip Cooper ADDRESS Blackfoot, Idaho	

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DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

182
State File No.
Local Reg. No. 163
Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY OR TOWN Blackfoot		c. CITY OR TOWN Blackfoot	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #2	
3. CHILD'S NAME (Type or Print) Infant Hess			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 28, 1952
7. FATHER'S NAME a. (First) Blaine b. (Middle) c. (Last) Hess		8. COLOR OR RACE	
9. AGE (At time of this birth) 19 YEARS	10. BIRTHPLACE (State or foreign country) Aberdeen, Idaho	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY On farm
12. MOTHER'S MAIDEN NAME a. (First) Joyce b. (Middle) c. (Last) Sjostrom		13. COLOR OR RACE white	
14. AGE (At time of this birth) 16 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Blaine Hess			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 15 March 52 y 36.0	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Proapsed cord		
	20b. MATERNAL CAUSES None		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Proapsed cord		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 6:50 a. m.		23a. ATTENDANT'S SIGNATURE Walter J. Hoge 23c. ATTENDANT'S ADDRESS Blackfoot, Idaho	
		23b. DATE SIGNED 10-29-52 M. D.	
		24. SIGNATURE OF AUTHORIZED OFFICIAL Howard Packham TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10-29-52	25c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas Cem.	25d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho
DATE REC'D BY LOCAL REG. Oct. 28-1952		26. FUNERAL DIRECTOR ADDRESS Blackfoot, Idaho	

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NOV 13 1952

DIVISION OF VITAL STATISTICS

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY BINGHAM		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR SHELLEY TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR Frank TOWN	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EATON MATERNITY HOME		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) BABY CHABIS			
4. SEX MALE	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 21 - 1952
7. FATHER'S NAME a. (First) Henry b. (Middle) c. (Last) Chabis	8. COLOR OR RACE		
9. AGE (At time of this birth) 44 YEARS	10. BIRTHPLACE (State or foreign country) New Mexico	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Elsie b. (Middle) Lucille c. (Last) Guthrie	13. COLOR OR RACE		
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Shelley R#2	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Henry Chabis, Frank Idaho			
18a. LENGTH OF PREGNANCY WEEKS 39.2	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Believed to be R H Factor was dead when born		
	20b. MATERNAL CAUSES R.H. Neg. Mother Rh negative		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE Robert Smith		23b. DATE SIGNED 10-24-52
	23c. ATTENDANT'S ADDRESS Frank Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Lloyd M. Halder TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10-23-52	25c. NAME OF CEMETERY OR CREMATORY Hell Creek	25d. LOCATION (City, town, or county) (State) Shelley Bingham Idaho
DATE REC'D BY LOCAL REG. 10-29-1952	REGISTRAR'S SIGNATURE Mrs. Walter E. Paine	26. FUNERAL DIRECTOR Lloyd M. Halder ADDRESS Shelley Idaho	
Nov 3 - 1952			

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FEDERAL SECURITY AGENCY OF VITAL
PUBLIC HEALTH SERVICE

RECEIVED

OCT 15 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITAL
STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 184

Local Reg. No. 47

Reg. Dist. No. 410

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hailey</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carey</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hailey Clinical</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby of S.W. SPARKS</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10-4-52</u>
7. FATHER'S NAME a. (First) <u>STEWART</u> b. (Middle) <u>WINSTON</u> c. (Last) <u>SPARKS</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>30</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>CAREY IDAHO</u>	11a. USUAL OCCUPATION <u>CHEESE MAKER</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>MFG.</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>ANNA</u> b. (Middle) <u>BETH</u> c. (Last) <u>BATEMAN</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>BLOOMINGTON IDA</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Stewart W Sparks</u>			
18a. LENGTH OF PREGNANCY <u>32</u> WEEKS	18b. WEIGHT AT BIRTH <u>4</u> LBS. <u>8</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>July 2, 1952</u> <u>y38.7</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Malformation of the fetus</u> 20b. MATERNAL CAUSES <u>None known</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>9:26 a. m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Stewart W Sparks</u> 23b. DATE SIGNED <u>10/8/52</u> 23c. ATTENDANT'S ADDRESS <u>Hailey Idaho</u> If NOT attended by physician	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Ray McGoldrick</u>		TITLE <u>Hailey</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>10-4-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>CAREY</u>	25d. LOCATION (City, town, or county) (State) <u>CAREY IDA</u>
DATE REC'D BY LOCAL REG. <u>Oct. 13-1952</u>		REGISTRAR'S SIGNATURE <u>Robert H. Wright - per</u> <u>Ch. Br.</u>	
26. FUNERAL DIRECTOR <u>Ray McGoldrick</u>		ADDRESS <u>Hailey</u>	

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
ALBANY

1. NAME OF PARTY		2. RESIDENCE		3. OCCUPATION	
4. DATE OF BIRTH		5. SEX		6. COLOR	
7. HEIGHT		8. WEIGHT		9. EYES	
10. HAIR		11. COMPLEXION		12. MARKS	
13. EDUCATION		14. RELIGION		15. POLITICAL PARTY	
16. MARITAL STATUS		17. DATE OF MARRIAGE		18. NAME OF SPOUSE	
19. DATE OF DEATH		20. CAUSE OF DEATH		21. PLACE OF BURIAL	
22. NAME OF FUNERAL HOME		23. NAME OF MINISTER		24. NAME OF CLERGYMAN	
25. NAME OF CHURCH		26. NAME OF CEMETERY		27. NAME OF INTERVIEWER	
28. NAME OF WITNESS		29. NAME OF JURY		30. NAME OF JUDGE	
31. NAME OF CLERK		32. NAME OF SHERIFF		33. NAME OF DEPUTY SHERIFF	
34. NAME OF CONSTABLE		35. NAME OF DEPUTY CONSTABLE		36. NAME OF TOWNSHIP CLERK	
37. NAME OF VOTER		38. NAME OF POLL CLERK		39. NAME OF JURY	
40. NAME OF JUDGE		41. NAME OF CLERK		42. NAME OF SHERIFF	
43. NAME OF DEPUTY SHERIFF		44. NAME OF CONSTABLE		45. NAME OF DEPUTY CONSTABLE	
46. NAME OF TOWNSHIP CLERK		47. NAME OF VOTER		48. NAME OF POLL CLERK	
49. NAME OF JURY		50. NAME OF JUDGE		51. NAME OF CLERK	
52. NAME OF SHERIFF		53. NAME OF DEPUTY SHERIFF		54. NAME OF CONSTABLE	
55. NAME OF DEPUTY CONSTABLE		56. NAME OF TOWNSHIP CLERK		57. NAME OF VOTER	
58. NAME OF POLL CLERK		59. NAME OF JURY		60. NAME OF JUDGE	
61. NAME OF CLERK		62. NAME OF SHERIFF		63. NAME OF DEPUTY SHERIFF	
64. NAME OF CONSTABLE		65. NAME OF DEPUTY CONSTABLE		66. NAME OF TOWNSHIP CLERK	
67. NAME OF VOTER		68. NAME OF POLL CLERK		69. NAME OF JURY	
70. NAME OF JUDGE		71. NAME OF CLERK		72. NAME OF SHERIFF	
73. NAME OF DEPUTY SHERIFF		74. NAME OF CONSTABLE		75. NAME OF DEPUTY CONSTABLE	
76. NAME OF TOWNSHIP CLERK		77. NAME OF VOTER		78. NAME OF POLL CLERK	
79. NAME OF JURY		80. NAME OF JUDGE		81. NAME OF CLERK	
82. NAME OF SHERIFF		83. NAME OF DEPUTY SHERIFF		84. NAME OF CONSTABLE	
85. NAME OF DEPUTY CONSTABLE		86. NAME OF TOWNSHIP CLERK		87. NAME OF VOTER	
88. NAME OF POLL CLERK		89. NAME OF JURY		90. NAME OF JUDGE	
91. NAME OF CLERK		92. NAME OF SHERIFF		93. NAME OF DEPUTY SHERIFF	
94. NAME OF CONSTABLE		95. NAME OF DEPUTY CONSTABLE		96. NAME OF TOWNSHIP CLERK	
97. NAME OF VOTER		98. NAME OF POLL CLERK		99. NAME OF JURY	
100. NAME OF JUDGE		101. NAME OF CLERK		102. NAME OF SHERIFF	
103. NAME OF DEPUTY SHERIFF		104. NAME OF CONSTABLE		105. NAME OF DEPUTY CONSTABLE	
106. NAME OF TOWNSHIP CLERK		107. NAME OF VOTER		108. NAME OF POLL CLERK	
109. NAME OF JURY		110. NAME OF JUDGE		111. NAME OF CLERK	
112. NAME OF SHERIFF		113. NAME OF DEPUTY SHERIFF		114. NAME OF CONSTABLE	
115. NAME OF DEPUTY CONSTABLE		116. NAME OF TOWNSHIP CLERK		117. NAME OF VOTER	
118. NAME OF POLL CLERK		119. NAME OF JURY		120. NAME OF JUDGE	
121. NAME OF CLERK		122. NAME OF SHERIFF		123. NAME OF DEPUTY SHERIFF	
124. NAME OF CONSTABLE		125. NAME OF DEPUTY CONSTABLE		126. NAME OF TOWNSHIP CLERK	
127. NAME OF VOTER		128. NAME OF POLL CLERK		129. NAME OF JURY	
130. NAME OF JUDGE		131. NAME OF CLERK		132. NAME OF SHERIFF	
133. NAME OF DEPUTY SHERIFF		134. NAME OF CONSTABLE		135. NAME OF DEPUTY CONSTABLE	
136. NAME OF TOWNSHIP CLERK		137. NAME OF VOTER		138. NAME OF POLL CLERK	
139. NAME OF JURY		140. NAME OF JUDGE		141. NAME OF CLERK	
142. NAME OF SHERIFF		143. NAME OF DEPUTY SHERIFF		144. NAME OF CONSTABLE	
145. NAME OF DEPUTY CONSTABLE		146. NAME OF TOWNSHIP CLERK		147. NAME OF VOTER	
148. NAME OF POLL CLERK		149. NAME OF JURY		150. NAME OF JUDGE	
151. NAME OF CLERK		152. NAME OF SHERIFF		153. NAME OF DEPUTY SHERIFF	
154. NAME OF CONSTABLE		155. NAME OF DEPUTY CONSTABLE		156. NAME OF TOWNSHIP CLERK	
157. NAME OF VOTER		158. NAME OF POLL CLERK		159. NAME OF JURY	
160. NAME OF JUDGE		161. NAME OF CLERK		162. NAME OF SHERIFF	
163. NAME OF DEPUTY SHERIFF		164. NAME OF CONSTABLE		165. NAME OF DEPUTY CONSTABLE	
166. NAME OF TOWNSHIP CLERK		167. NAME OF VOTER		168. NAME OF POLL CLERK	
169. NAME OF JURY		170. NAME OF JUDGE		171. NAME OF CLERK	
172. NAME OF SHERIFF		173. NAME OF DEPUTY SHERIFF		174. NAME OF CONSTABLE	
175. NAME OF DEPUTY CONSTABLE		176. NAME OF TOWNSHIP CLERK		177. NAME OF VOTER	
178. NAME OF POLL CLERK		179. NAME OF JURY		180. NAME OF JUDGE	
181. NAME OF CLERK		182. NAME OF SHERIFF		183. NAME OF DEPUTY SHERIFF	
184. NAME OF CONSTABLE		185. NAME OF DEPUTY CONSTABLE		186. NAME OF TOWNSHIP CLERK	
187. NAME OF VOTER		188. NAME OF POLL CLERK		189. NAME OF JURY	
190. NAME OF JUDGE		191. NAME OF CLERK		192. NAME OF SHERIFF	
193. NAME OF DEPUTY SHERIFF		194. NAME OF CONSTABLE		195. NAME OF DEPUTY CONSTABLE	
196. NAME OF TOWNSHIP CLERK		197. NAME OF VOTER		198. NAME OF POLL CLERK	
199. NAME OF JURY		200. NAME OF JUDGE		201. NAME OF CLERK	
202. NAME OF SHERIFF		203. NAME OF DEPUTY SHERIFF		204. NAME OF CONSTABLE	
205. NAME OF DEPUTY CONSTABLE		206. NAME OF TOWNSHIP CLERK		207. NAME OF VOTER	
208. NAME OF POLL CLERK		209. NAME OF JURY		210. NAME OF JUDGE	
211. NAME OF CLERK		212. NAME OF SHERIFF		213. NAME OF DEPUTY SHERIFF	
214. NAME OF CONSTABLE		215. NAME OF DEPUTY CONSTABLE		216. NAME OF TOWNSHIP CLERK	
217. NAME OF VOTER		218. NAME OF POLL CLERK		219. NAME OF JURY	
220. NAME OF JUDGE		221. NAME OF CLERK		222. NAME OF SHERIFF	
223. NAME OF DEPUTY SHERIFF		224. NAME OF CONSTABLE		225. NAME OF DEPUTY CONSTABLE	
226. NAME OF TOWNSHIP CLERK		227. NAME OF VOTER		228. NAME OF POLL CLERK	
229. NAME OF JURY		230. NAME OF JUDGE		231. NAME OF CLERK	
232. NAME OF SHERIFF		233. NAME OF DEPUTY SHERIFF		234. NAME OF CONSTABLE	
235. NAME OF DEPUTY CONSTABLE		236. NAME OF TOWNSHIP CLERK		237. NAME OF VOTER	
238. NAME OF POLL CLERK		239. NAME OF JURY		240. NAME OF JUDGE	
241. NAME OF CLERK		242. NAME OF SHERIFF		243. NAME OF DEPUTY SHERIFF	
244. NAME OF CONSTABLE		245. NAME OF DEPUTY CONSTABLE		246. NAME OF TOWNSHIP CLERK	
247. NAME OF VOTER		248. NAME OF POLL CLERK		249. NAME OF JURY	
250. NAME OF JUDGE		251. NAME OF CLERK		252. NAME OF SHERIFF	
253. NAME OF DEPUTY SHERIFF		254. NAME OF CONSTABLE		255. NAME OF DEPUTY CONSTABLE	
256. NAME OF TOWNSHIP CLERK		257. NAME OF VOTER		258. NAME OF POLL CLERK	
259. NAME OF JURY		260. NAME OF JUDGE		261. NAME OF CLERK	
262. NAME OF SHERIFF		263. NAME OF DEPUTY SHERIFF		264. NAME OF CONSTABLE	
265. NAME OF DEPUTY CONSTABLE		266. NAME OF TOWNSHIP CLERK		267. NAME OF VOTER	
268. NAME OF POLL CLERK		269. NAME OF JURY		270. NAME OF JUDGE	
271. NAME OF CLERK		272. NAME OF SHERIFF		273. NAME OF DEPUTY SHERIFF	
274. NAME OF CONSTABLE		275. NAME OF DEPUTY CONSTABLE		276. NAME OF TOWNSHIP CLERK	
277. NAME OF VOTER		278. NAME OF POLL CLERK		279. NAME OF JURY	
280. NAME OF JUDGE		281. NAME OF CLERK		282. NAME OF SHERIFF	
283. NAME OF DEPUTY SHERIFF		284. NAME OF CONSTABLE		285. NAME OF DEPUTY CONSTABLE	
286. NAME OF TOWNSHIP CLERK		287. NAME OF VOTER		288. NAME OF POLL CLERK	
289. NAME OF JURY		290. NAME OF JUDGE		291. NAME OF CLERK	
292. NAME OF SHERIFF		293. NAME OF DEPUTY SHERIFF		294. NAME OF CONSTABLE	
295. NAME OF DEPUTY CONSTABLE		296. NAME OF TOWNSHIP CLERK		297. NAME OF VOTER	
298. NAME OF POLL CLERK		299. NAME OF JURY		300. NAME OF JUDGE	

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 105

Local Reg. No. 203

Reg. Dist. No. 870

NOV 12 1952

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bingham</u>	
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Shelley</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>LDS Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Hall</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct-24-1952</u>
7. FATHER'S NAME a. (First) <u>William McKinley</u> b. (Middle) <u>Hall</u> c. (Last) <u>Hall</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Logan, W. Va.</u>	11a. USUAL OCCUPATION <u>Painter</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Shirley</u> b. (Middle) <u>Landow</u> c. (Last) <u>Landow</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Hamers, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>—</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Wm McKinley Hall</u>			
18a. LENGTH OF PREGNANCY <u>22 1/2</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>✓</u> No <u>—</u> Approximate date <u>36.2</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES <u>Premature separation of placenta.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Wendell Kelly, M.D.</u> 23b. DATE SIGNED <u>10-27-52</u> 23c. ATTENDANT'S ADDRESS 23d. SIGNATURE OF AUTHORIZED OFFICIAL 23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	25b. DATE <u>10/27/52</u>	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>Nov. 3-1952</u>	REGISTRAR'S SIGNATURE <u>Anna Budgen</u>	26. FUNERAL DIRECTOR <u>Geo A. Williams</u>	ADDRESS <u>Idaho Falls</u>

CERTIFICATE OF STEEL

State of Ohio

State of Ohio
County of Hamilton
City of Cincinnati

Name of Manufacturer		Name of Dealer	
Address of Manufacturer		Address of Dealer	
City of Manufacturer		City of Dealer	
State of Manufacturer		State of Dealer	
Date of Manufacture		Date of Sale	
Weight of Steel		Weight of Steel	
Grade of Steel		Grade of Steel	
Thickness of Steel		Thickness of Steel	
Width of Steel		Width of Steel	
Length of Steel		Length of Steel	
Surface of Steel		Surface of Steel	
Edges of Steel		Edges of Steel	
Holes in Steel		Holes in Steel	
Rivets in Steel		Rivets in Steel	
Bolts in Steel		Bolts in Steel	
Nuts in Steel		Nuts in Steel	
Washers in Steel		Washers in Steel	
Other Hardware in Steel		Other Hardware in Steel	
Signature of Manufacturer		Signature of Dealer	
Signature of Inspector		Signature of Inspector	
Date of Inspection		Date of Inspection	
Inspector's Name		Inspector's Name	
Inspector's Title		Inspector's Title	
Inspector's Office		Inspector's Office	
Inspector's Phone		Inspector's Phone	
Inspector's Address		Inspector's Address	
Inspector's City		Inspector's City	
Inspector's State		Inspector's State	
Inspector's Zip		Inspector's Zip	

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(1949 Revision of Standard Certificate)

NOV 17 1952
DIVISION OF VITALS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 186

Local Reg. No. 11

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH a. COUNTY Canyon		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Canyon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa	
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		d. STREET ADDRESS (If rural, give location) Rte # 3	
3. CHILD'S NAME (Type or Print) DeL RAY CLARK			
4. SEX M	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 8 / 30 / 52
7. FATHER'S NAME a. (First) MURILL b. (Middle) E. c. (Last) CLARK		8. COLOR OR RACE W	
9. AGE (At time of this birth) 35 YEARS		10. BIRTHPLACE (State or foreign country) Nampa, Idaho	11a. USUAL OCCUPATION FARMER
12. MOTHER'S MAIDEN NAME a. (First) REVA b. (Middle) ANICE c. (Last) HYONS		13. COLOR OR RACE W	
14. AGE (At time of this birth) 30 YEARS		15. BIRTHPLACE (State or foreign country) La Grande, Oregon	
17. INFORMANT Mrs Reva Clark (mother)		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
18a. LENGTH OF PREGNANCY 32 WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/34/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES none	
		20b. MATERNAL CAUSES Transverse position & feet & legs presenting & no labor.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR - Pains intensified & persistent, when fetus half delivered pains ceased.		22. STATE ALL OPERATIONS FOR DELIVERY - Episiotomy & breech extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) R. B. Halliday, M.D.	23b. DATE SIGNED 10/2/52
23c. ATTENDANT'S ADDRESS Nampa, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician	TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Oct. 31, 1952		26. FUNERAL DIRECTOR Mrs. June Reed	
REGISTRAR'S SIGNATURE Mrs. June Reed		ADDRESS Nampa, Idaho	

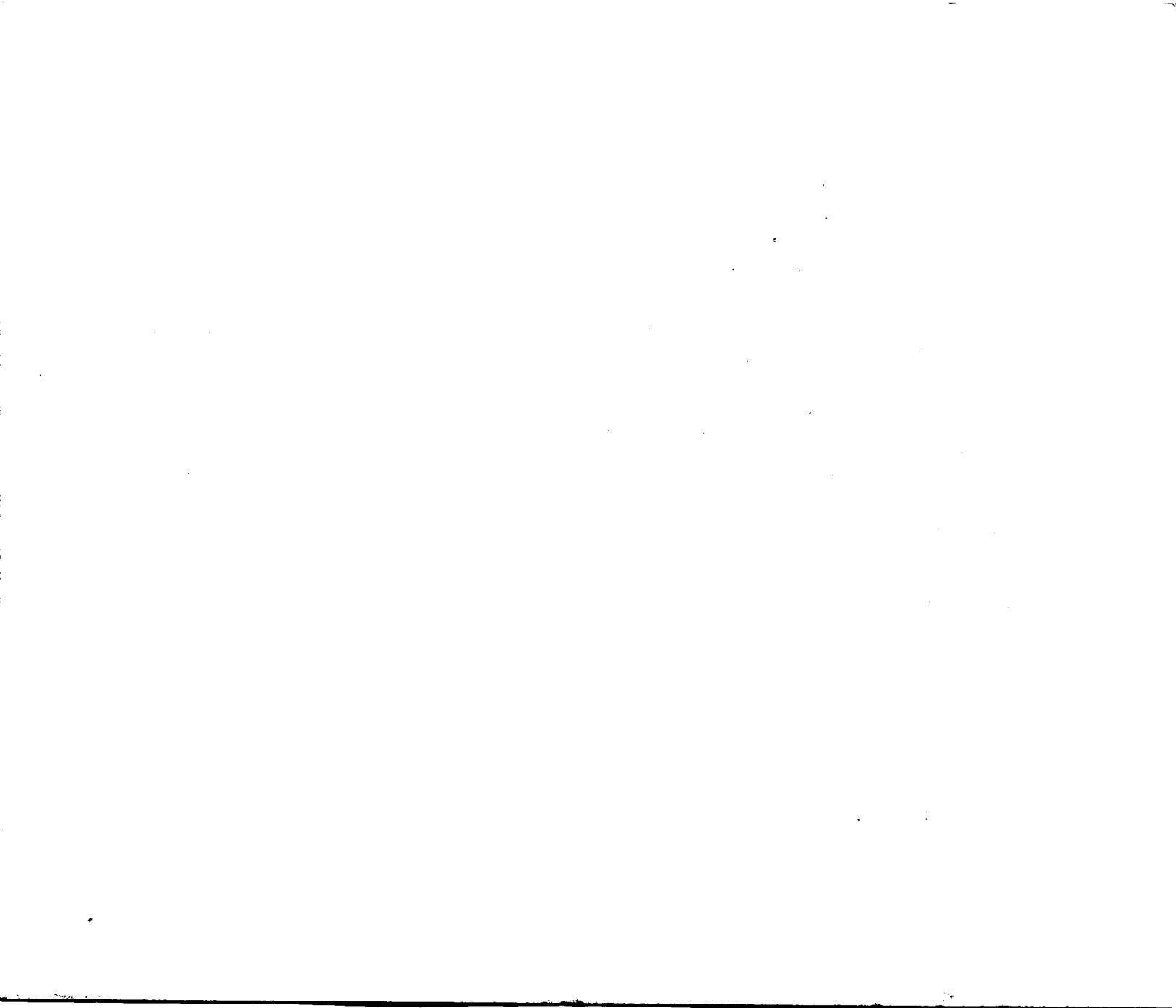
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DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 187
Local Reg. No. 23
Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	
3. CHILD'S NAME (Type or Print) <u>Edith Ann Brill</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 18, 1952</u>
7. FATHER'S NAME a. (First) <u>Maxim</u> b. (Middle) <u>Albert</u> c. (Last) <u>Brill</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Crookston, Nebraska</u>	11a. USUAL OCCUPATION <u>farming</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>self</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Esther</u> b. (Middle) <u>Marcille</u> c. (Last) <u>Perry</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>28</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Rexburg, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>4</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>x Maxim Albert Brill</u>			
18a. LENGTH OF PREGNANCY <u>9 mo. weeks</u>	18b. WEIGHT AT BIRTH LBS. <u> </u> OZS. <u> </u>	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Oct. 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES 	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:00 A.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Mrs Elmer Brill</u> 23c. ATTENDANT'S ADDRESS <u>Mounted Rt.</u>	
23b. DATE SIGNED <u>Oct. 18, 1952</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Glen W. Beatty</u> TITLE <u>Coroner Gen. Co.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>October 20, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. 	REGISTRAR'S SIGNATURE <u>Jean A. Beatty</u>	26. FUNERAL DIRECTOR <u>Beatty Chapel</u> ADDRESS <u>Emmett, Ida.</u>	



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DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 198Local Reg. No. 27Reg. Dist. No. 340-341

1. PLACE OF STILLBIRTH a. COUNTY <u>Gem</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Gem</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Emmett, Idaho</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mary Secor Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>723 So. Wardwell</u>	
3. CHILD'S NAME (Type or Print) <u>Baby Covington</u>			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 22, 1952</u>
7. FATHER'S NAME a. (First) <u>Lawrence</u> b. (Middle) <u>Leo</u> c. (Last) <u>Covington</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Augusta, Montana</u>	11a. USUAL OCCUPATION <u>fuelman</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>lumber mill</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Freda</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Wakefield-Hess</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>36</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Emmett, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>9</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Leo Covington</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH LBS. <u>36.4</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>before and not found</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as stillbirth, Prematurity, Asphyxia, etc.) <u>Placental separation</u>		20a. FETAL CAUSES <u>Placental separation</u>	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR	
22. STATE ALL OPERATIONS FOR DELIVERY <u>Cesarean Section</u>		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Ronald P. Rawbar</u>	
23b. DATE SIGNED <u>11/24/52</u>		23c. ATTENDANT'S ADDRESS <u>Emmett, Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>James H. Beatty</u>		TITLE <u>Beatty Chapel Emmett, Ida.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>Oct. 24, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>	25d. LOCATION (City, town, or county) (State) <u>Emmett, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 24, 1952</u>		26. FUNERAL DIRECTOR <u>Beatty Chapel Emmett, Ida.</u>	

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE		6. DATE OF BIRTH 7. SEX 8. RACE 9. RELIGION 10. OCCUPATION	
11. EDUCATION 12. MARITAL STATUS 13. NUMBER OF CHILDREN 14. DATE OF MARRIAGE		15. SOURCE OF INCOME 16. ANNUAL INCOME 17. TYPE OF HOME 18. VALUE OF HOME	
19. CREDIT HISTORY 20. CREDIT RATING 21. CREDIT LIMIT 22. CREDIT PERIOD		23. OTHER INFORMATION 24. COMMENTS 25. SIGNATURE 26. DATE	

RECEIVED
OCT 23 1952
DIVISION OF VITAL STATISTICS

(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 189
Local Reg. No. 41
Reg. Dist. No. 4-40

1. PLACE OF STILLBIRTH a. COUNTY <u>Jerome</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Jerome</u>	
b. CITY OR TOWN <u>Jerome</u>		c. CITY OR TOWN <u>Eden</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Benedict's Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Irene Villaseñor</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 18, 1952</u>
7. FATHER'S NAME a. (First) <u>Joe</u> b. (Middle) <u>Villaseñor</u> c. (Last) <u>White</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Norton, Texas</u>	11a. USUAL OCCUPATION <u>Ranch Hand</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Ranch</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Rafaela</u> b. (Middle) <u>Atilano</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Wichita Falls, Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>2</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Rafaela Villaseñor (mother)</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>7</u> LBS. - OZS.	19. Was a standard serological test for syphilis performed? Yes..... No. <u>X</u> Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>none apparent</u> <u>Y39.6</u>	
		20b. MATERNAL CAUSES <u>none apparent</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>None</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>12:10</u> p.m.		23a. ATTENDANT'S SIGNATURE (Specify M. D., midwife, or other) <u>Maurice C. Scheel M.D.</u> 23b. DATE SIGNED <u>10-22-52</u>	
23c. ATTENDANT'S ADDRESS <u>Wendell, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Jose Villaseñor</u> TITLE <u>Idaho</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 18, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Jerome Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Jerome, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Lester M. Rose, M.D.</u>	26. FUNERAL DIRECTOR <u>Eden, Idaho</u>	

CERTIFICATE OF SERVICE

State of New York

County of New York

City of New York

State of New York

County of New York

City of New York

State of New York

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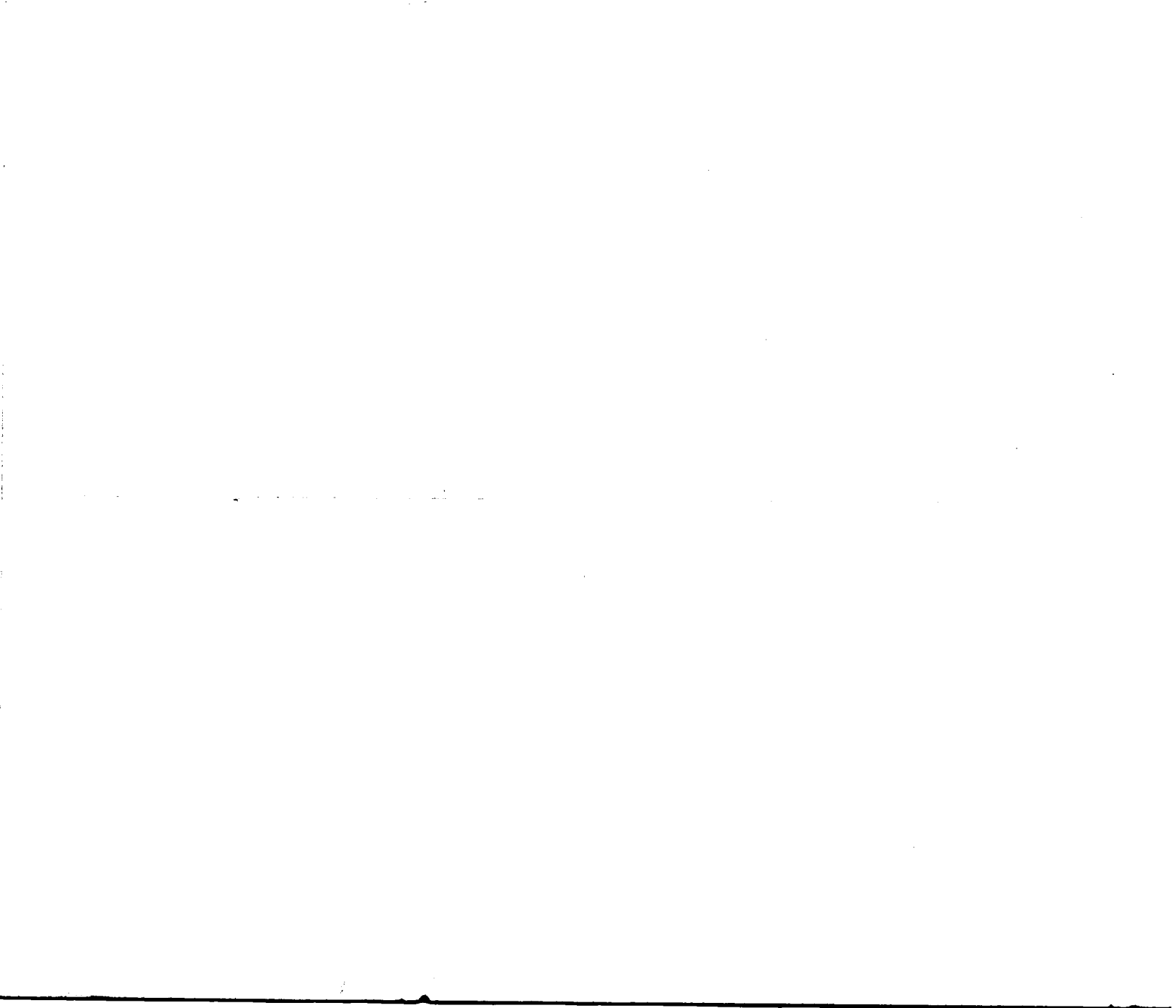
(1949 Revision of Standard Certificate)

State File No. 190

Local Reg. No. 187

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH OF VITAL STATISTICS a. COUNTY NezPerce		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston,	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If rural, give location) 611 1/2 --- 25St.	
3. CHILD'S NAME ((Type or Print)) Baby Girl Blevins			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Oct. 22, 1952
7. FATHER'S NAME a. (First) Kyle b. (Middle) Charles c. (Last) Blevins			8. COLOR OR RACE White
9. AGE (At time of this birth) 38 YEARS	10. BIRTHPLACE (State or foreign country) No. Carolina	11a. USUAL OCCUPATION Carpenter	11b. KIND OF BUSINESS OR INDUSTRY Building
12. MOTHER'S MAIDEN NAME a. (First) Donna b. (Middle) c. (Last) Pecavet			13. COLOR OR RACE White
14. AGE (At time of this birth) 24 YEARS	15. BIRTHPLACE (State or foreign country) Oregon	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 1 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Kyle C. Blevins			
18a. LENGTH OF PREGNANCY Term WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 10-22-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hydrocephalic - Embryonic arrest.	
20b. MATERNAL CAUSES		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None	
22. STATE ALL OPERATIONS FOR DELIVERY None		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) [Signature]	
23b. DATE SIGNED 10-22-52		23c. ATTENDANT'S ADDRESS Lewiston, Id.	
23d. SIGNATURE OF AUTHORIZED OFFICIAL TITLE		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 10-22-52	25c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. Oct 23, 1952		26. FUNERAL DIRECTOR K. H. Malcom ADDRESS Lewiston, Idaho	



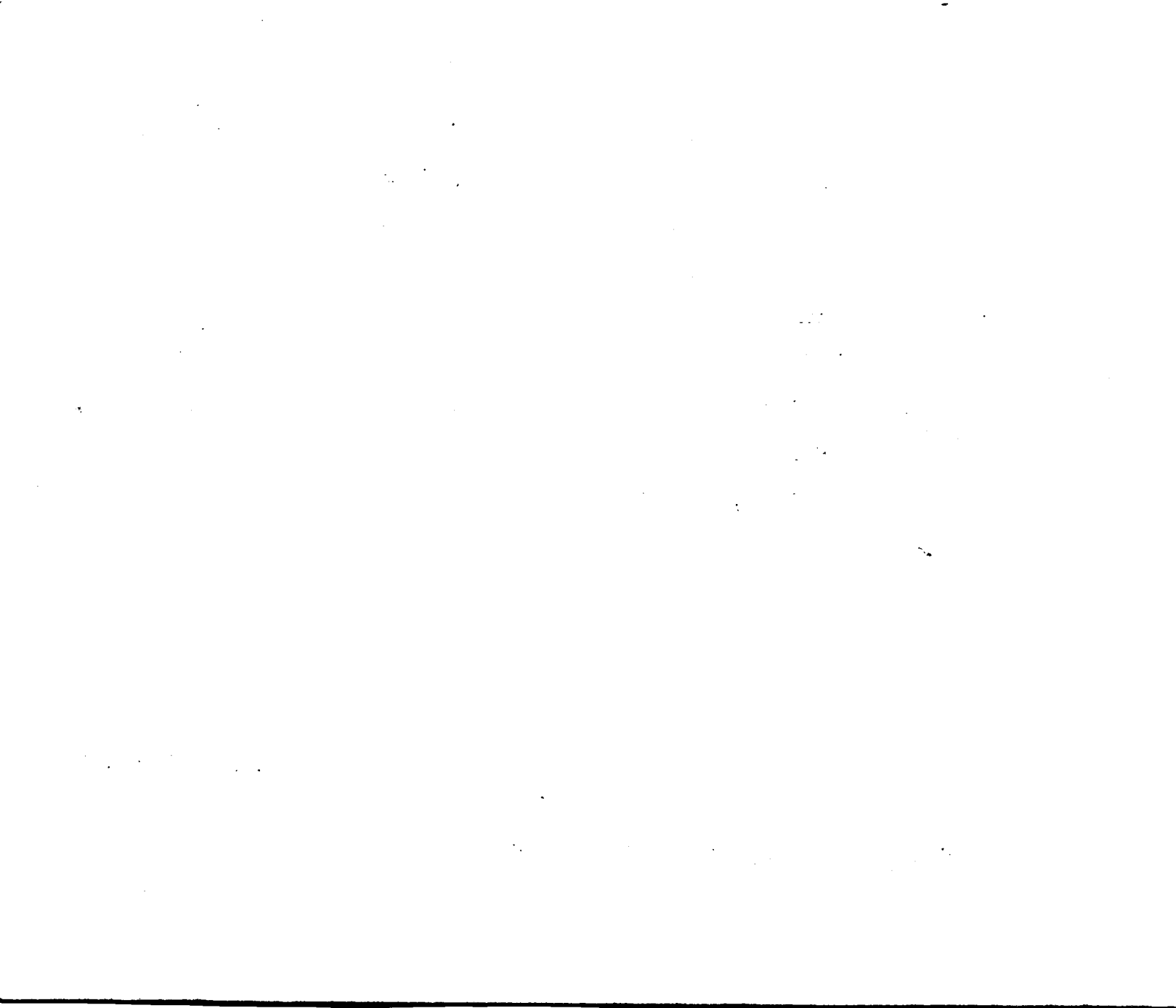
PHS-797(VS) 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE		RECEIVED OCT 13 1952 DIVISION OF VITAL STATISTICS		(1949 Revision of Standard Certificate) CERTIFICATE OF STILLBIRTH State of Idaho		State File No. 191 Local Reg. No. 37 Reg. Dist. No. 536	
1. PLACE OF STILLBIRTH a. COUNTY Oneida				2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Oneida			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malad			
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oneida Hospital				d. STREET ADDRESS (If rural, give location) 258 West 500 North			
3. CHILD'S NAME (Type or Print) (Stillborn) Baby Boy Hess							
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>		6. DATE OF STILLBIRTH (Month) (Day) (Year) October 6 1952			
7. FATHER'S NAME a. (First) Ray b. (Middle) Leonard c. (Last) Hess			8. COLOR OR RACE Wht.				
9. AGE (At time of this birth) 42 YEARS		10. BIRTHPLACE (State or foreign country) Oklahoma		11a. USUAL OCCUPATION Farming		11b. KIND OF BUSINESS OR INDUSTRY Own Farm	
12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Robbins c. (Last) Robbins			13. COLOR OR RACE Wht.				
14. AGE (At time of this birth) 38 YEARS		15. BIRTHPLACE (State or foreign country) Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 4 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0			
17. INFORMANT May Hess Malad Idaho							
18a. LENGTH OF PREGNANCY 32 WEEKS		18b. WEIGHT AT BIRTH 4 LBS. 8 OZS.		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 10-6-52			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES Mentally (contaminated) of pregnancy Gall bladder operation + Ileo- Sigmoidectomy					
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none				22. STATE ALL OPERATIONS FOR DELIVERY Spontaneous Delivery			
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) D. H. Mackey M.D.		23b. DATE SIGNED 10-6-52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
		23c. ATTENDANT'S ADDRESS Malad, Idaho		23d. DATE SIGNED			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Oct. 7 1952		25c. NAME OF CEMETERY OR CREMATORY Malad City		25d. LOCATION (City, town, or county) (State) Malad, Oneida, Idaho	
DATE REC'D BY LOCAL REG. Oct. 7, 1952		REGISTRAR'S SIGNATURE J. E. Penner		26. FUNERAL DIRECTOR J. E. Penner		ADDRESS Malad Idaho	

OCT 12 1978

RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 OCT 15 1952
State of Idaho

State File No. 132
 Local Reg. No. 132
 Reg. Dist. No. _____

1. PLACE OF STILLBIRTH a. COUNTY <u>Payette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Payette</u> c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Payette Valley Memorial Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weiser</u> d. STREET ADDRESS (If rural, give location) <u>120 East Park Street</u>	
3. CHILD'S NAME ((Type or Print)) <u>BABY BOY ROE</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>October 3, 1952</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>James</u> c. (Last) <u>Roe</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>41</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Midvale, Idaho</u>	11a. USUAL OCCUPATION <u>Carpenter</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Contractor</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Marian</u> b. (Middle) <u>Otto</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>41</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>William J. Roe</u> <u>Weiser, Idaho</u>			
18a. LENGTH OF PREGNANCY <u>28</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>Aug 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Eclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>N. Phillips</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>5:30</u> m.		23a. ATTENDANT'S SIGNATURE <u>John J. Carter</u> (Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>M.D. October 3, 1952</u>
		23c. ATTENDANT'S ADDRESS <u>Payette Idaho</u>	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gifford R. Shaffer</u> TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Oct. 4, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Rosedale Memorial Park</u>	25d. LOCATION (City, town, or county) (State) <u>Payette, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Oct 3, 1952</u>	REGISTRAR'S SIGNATURE <u>Robert E. Shaffer</u>	26. FUNERAL DIRECTOR <u>Gifford R. Shaffer</u> ADDRESS <u>Payette, Idaho</u>	



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OCT 27 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 193
Local Reg. No. 17
Reg. Dist. No. 462

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Twin Falls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Castelford</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Jay Howard Thomson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Sept. 27, 1952</u>
7. FATHER'S NAME (First) <u>John</u> (Middle) <u>Hiram</u> (Last) <u>Thomson</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>31</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Buhl, Idaho</u>	11a. USUAL OCCUPATION <u>farmer</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Laura</u> b. (Middle) <u>Irene</u> c. (Last) <u>Blackham</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>29</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Castelford, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>John H. Thomson</u>			
18a. LENGTH OF PREGNANCY <u>38</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>13</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <u>Yes</u> No <u>No</u> Approximate date <u>9/36/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES 20b. MATERNAL CAUSES <u>Fibrosis of placenta with fetus death</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Fibrosis of placenta</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>Frank Anderson M.D.</u> 23b. DATE SIGNED <u>9/27/52</u>	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>10-10-52</u>		26. FUNERAL DIRECTOR ADDRESS <u>Donna Hall</u>	

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(1949 Revision of Standard Certificate)

State File No.
Local Reg. No. 18
Reg. Dist. No. 460

194

1952
DIVISION OF VITAL

CERTIFICATE OF STILLBIRTH
State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY <u>Twin Falls</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Filer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Twin Falls</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 7</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Magic Valley Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Rathbun</u> (<u>Larry Gene Rathbun</u>)			
4. SEX <u>male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Oct. 31 - 1952</u>
7. FATHER'S NAME a. (First) <u>Duane</u> b. (Middle) <u>DeForest</u> c. (Last) <u>Rathbun</u>		8. COLOR OR RACE <u>white</u>	
9. AGE (At time of this birth) <u>32</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Kansas</u>	11a. USUAL OCCUPATION <u>Commercial</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Evelyn</u> b. (Middle) <u>Lorene</u> c. (Last) <u>Stokesberry</u>		13. COLOR OR RACE <u>white</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Colorado</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Duane Rathbun</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH <u>2</u> LBS. <u>12</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date <u>June 1952</u> <u>y 36.5</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Placental infarcts and degenerative changes</u>	
		20b. MATERNAL CAUSES <u>Toxemia - Hypertension - Low Kidney Reserve</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Maternal toxemia</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>none</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>743th</u> m.		23a. ATTENDANT'S SIGNATURE <u>Max W. Server</u> (Specify if M. D., midwife, or other) <u>M.D.</u>	
23c. ATTENDANT'S ADDRESS <u>Filer, Idaho</u>		23b. DATE SIGNED <u>Oct 31, 1952</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>11-1-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Filer DOF Cem</u>	25d. LOCATION (City, town, or county) (State) <u>Filer, Idaho</u>
DATE REC'D BY LOCAL REG. <u>10-31-52</u>		26. FUNERAL DIRECTOR <u>White Mortuary</u> <u>Twin Falls, Idaho</u>	

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NOV 22 1952

(1949 Revision of Standard Certificate)

State File No. 105
Local Reg. No. 490
Reg. Dist. No. 370

CERTIFICATE OF STILLBIRTH

State of Idaho

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho. b. COUNTY Ada.	
b. CITY OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise.	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital.		d. STREET ADDRESS (If rural, give location) 2502 Irene St.	
3. CHILD'S NAME (Type or Print) Infant Girl Granger.			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 11 - 10 - 52
7. FATHER'S NAME a. (First) Robert b. (Middle) c. (Last) Granger.		8. COLOR OR RACE W.	
9. AGE (At time of this birth) 22 YEARS	10. BIRTHPLACE (State or foreign country) Chengenne Wyo.	11a. USUAL OCCUPATION Stud. Minister. Desk Man YMCA	
12. MOTHER'S MAIDEN NAME a. (First) Dorina b. (Middle) Lorise c. (Last) Daley		13. COLOR OR RACE W.	
14. AGE (At time of this birth) 18 YEARS	15. BIRTHPLACE (State or foreign country) Wyoming.	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT Robert Granger			
18a. LENGTH OF PREGNANCY 24 WEEKS	18b. WEIGHT AT BIRTH 1 LBS. 8 OZS.	19. Was a standard serological test for syphilis performed? Yes. X No. 39.5 Approximate date	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Atelectasis of lungs 20b. MATERNAL CAUSES Premature labor - cause unknown.	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None.		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5:30 P. M.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Harold B. Hulme, M.D. 23b. DATE SIGNED 12 November 1952 23c. ATTENDANT'S ADDRESS Boise, Idaho 24. SIGNATURE OF AUTHORIZED OFFICIAL Wm W. Maxon, Asst. Supt. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	25b. DATE 11/12/52	25c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 11-14-52	REGISTRAR'S SIGNATURE Myrtle Palmer	26. FUNERAL DIRECTOR John C. McArthur, M.D. ADDRESS St. Luke's Hosp. Boise, Idaho.	

NOV 22 1952 (1949 Revision of Standard Certificate)

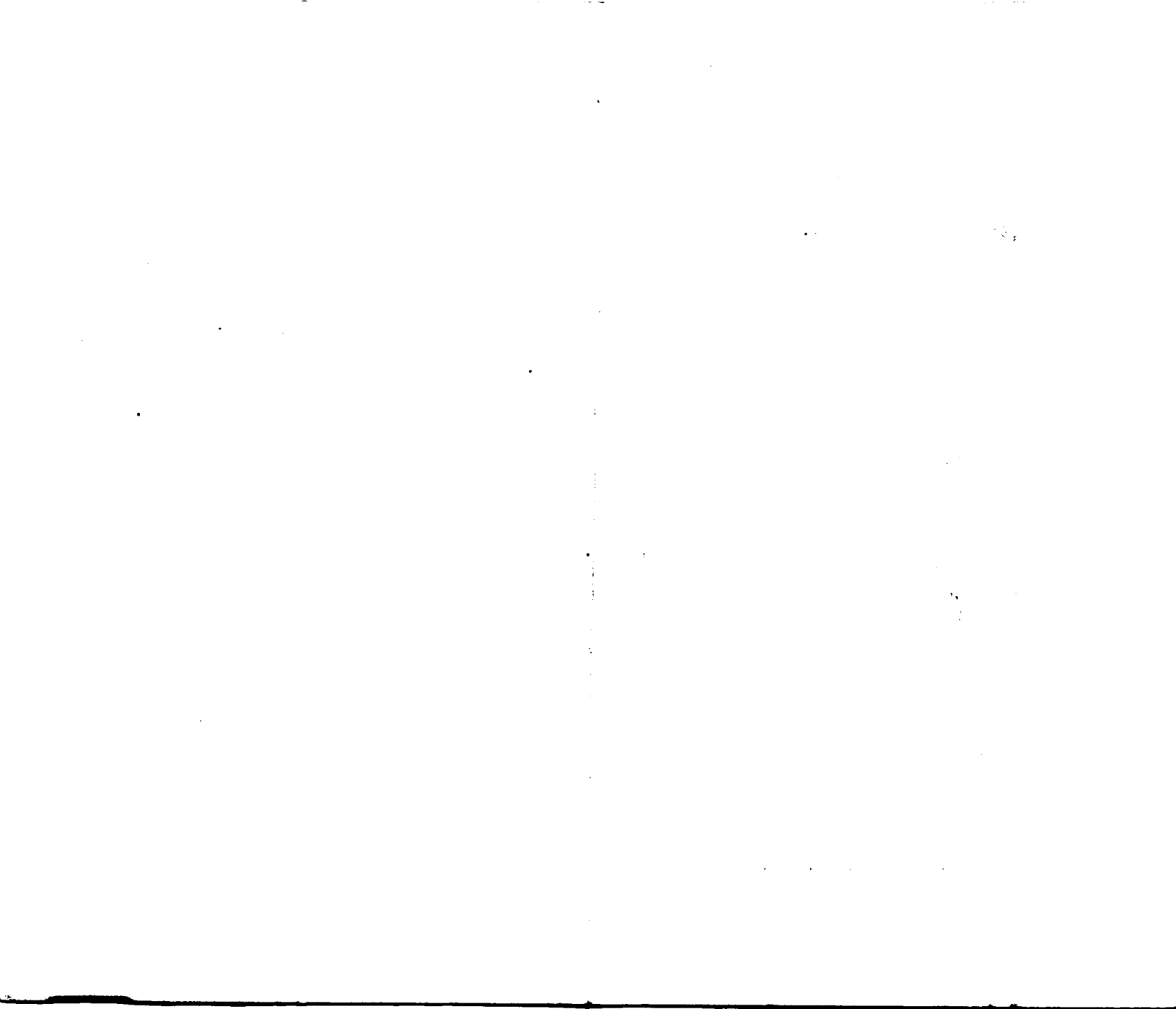
CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 421Reg. Dist. No. 570

1. PLACE OF STILLBIRTH a. COUNTY Ada		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Ada	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes		d. STREET ADDRESS 2917 Smith (If rural, give location)	
3. CHILD'S NAME (Type or Print) Gail Ann Griffith			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 10, 1952
7. FATHER'S NAME a. (First) Hubert b. (Middle) A. c. (Last) Griffith		8. COLOR OR RACE White	
9. AGE (At time of this birth) 32 YEARS	10. BIRTHPLACE (State or foreign country) Guthrie Center, Iowa	11a. USUAL OCCUPATION Salesman	11b. KIND OF BUSINESS OR INDUSTRY Kraft Foods Co.
12. MOTHER'S MAIDEN NAME a. (First) Margaret b. (Middle) Jeann c. (Last) Crosswait		13. COLOR OR RACE White	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT x Hubert A. Griffith 2917 Smith Boise, Ida.			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 11-13-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Strangulation of Cord 20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Transverse Presentation		22. STATE ALL OPERATIONS FOR DELIVERY Cesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 5 a.m.		23a. ATTENDANT'S SIGNATURE Marion Gudmundson M.D. (Specify if M. D., midwife, or other) 23b. DATE SIGNED 11-13-52	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 12, 1952	25c. NAME OF CEMETERY OR CREMATORY Cloverdale	25d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 11-14-52		26. FUNERAL DIRECTOR Myrtle Palmer ADDRESS Boise, Idaho McBratney-Alden	



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1952

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

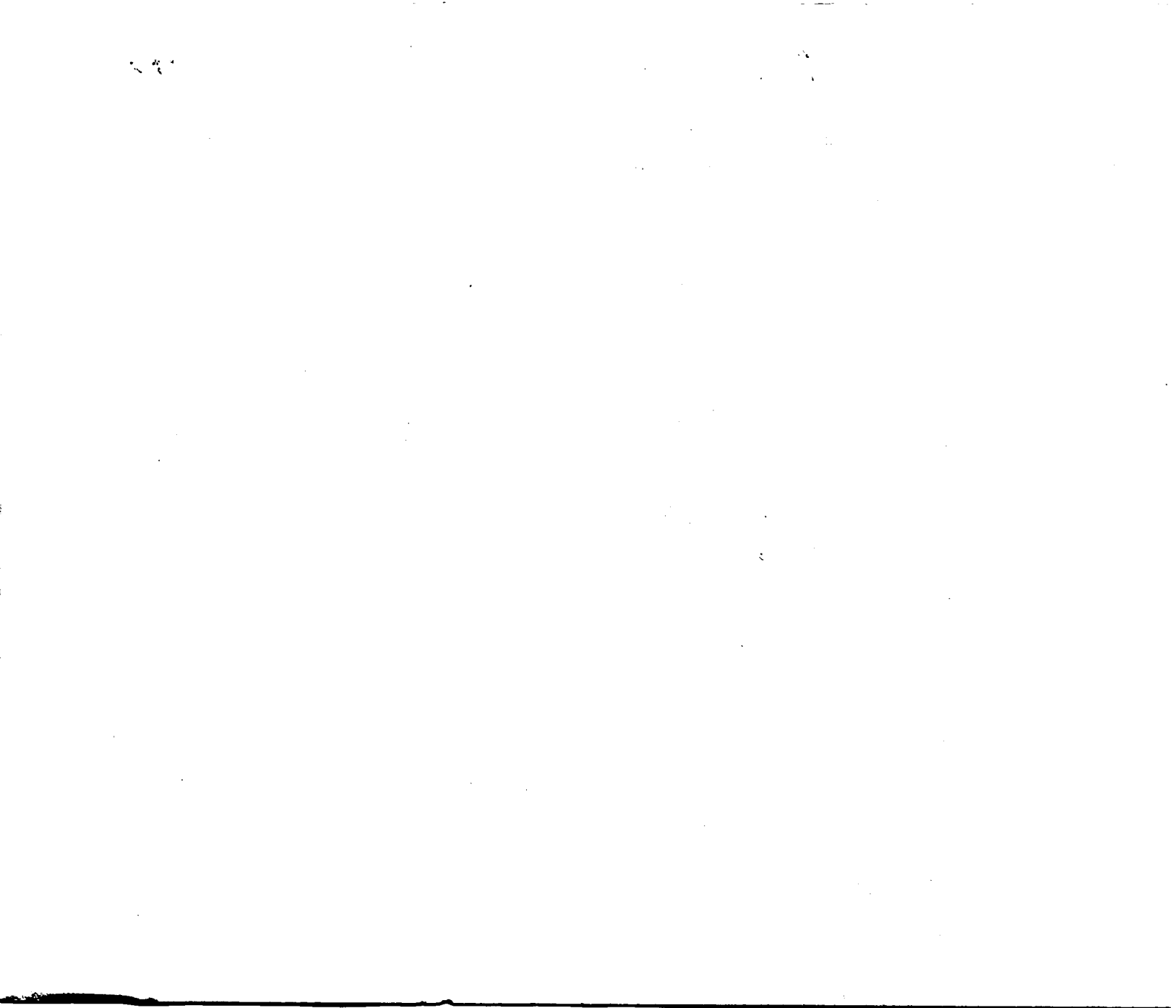
State of Idaho

State File No. 197

Local Reg. No. 333

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bannock Memorial Hospital		d. STREET ADDRESS (If rural, give location) Route #1 South	
3. CHILD'S NAME (Type or Print) BOYD ANDERSON MAC ARTHUR, JR.			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 1 1952
7. FATHER'S NAME a. (First) Boyd b. (Middle) Anderson c. (Last) MacArthur		8. COLOR OR RACE White	
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Churchill, Idaho	11a. USUAL OCCUPATION Machinist Helper	11b. KIND OF BUSINESS OR INDUSTRY Naval Ordnance Plant
12. MOTHER'S MAIDEN NAME a. (First) Pauline b. (Middle) Juanita c. (Last) Willoughby		13. COLOR OR RACE White	
14. AGE (At time of this birth) 33 YEARS	15. BIRTHPLACE (State or foreign country) Fontanet, Indiana	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Six b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT Pauline MacArthur, Mother			
18a. LENGTH OF PREGNANCY 33 WEEKS	18b. WEIGHT AT BIRTH 3 LBS. $\frac{1}{2}$ OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date 11-3-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Eclamptic toxemia of pregnancy	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Eclamptic toxemia of pregnancy		22. STATE ALL OPERATIONS FOR DELIVERY Caesarean Section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:35 A. m.		23a. ATTENDANT'S SIGNATURE K. L. Oliver, M.D.	
23b. DATE SIGNED 11-3-52		23c. ATTENDANT'S ADDRESS Pocatello, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL If NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE 11-1-52	25c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. NOV 29 1952		26. FUNERAL DIRECTOR Eva M. Wallin Byron B. Dawson Pocatello, Idaho	



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DEC 6 1952

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. _____

Local Reg. No. 356Reg. Dist. No. 510

198

1. PLACE OF STILLBIRTH STATISTICS a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3554 Hawthorne Road</u>	
3. CHILD'S NAME (Type or Print) <u>Shelle Sue Reese</u>			
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 23, 1952</u>
7. FATHER'S NAME a. (First) <u>William</u> b. (Middle) <u>Ferdinand</u> c. (Last) <u>Reese</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Pocatello, Idaho</u>	11a. USUAL OCCUPATION <u>Claims Agent</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Garrett Freight Lines</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Orpha</u> b. (Middle) <u>Neeley</u> c. (Last) <u>White</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>22</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Fairfield, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>None</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>None</u>	
17. INFORMANT <u>Orpha Reese</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>6</u> LBS. <u>2</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11/26/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Premature separation of the Placenta.</u>		
	20b. MATERNAL CAUSES <u>None.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Premature separation of the Placenta.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low Forceps.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>11:14</u> a.m.	23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen, M.D.</u>		23b. DATE SIGNED <u>Nov. 26, 1952</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Conway Grant, Pocatello</u>
25a. BURIAL <u>[Redacted]</u>	25b. DATE <u>11-25-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Mt. View Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Pocatello, Idaho</u>
DATE REC'D BY LOCAL REG. <u>DEC 5 1952</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>	26. FUNERAL DIRECTOR <u>Conway Grant, Pocatello</u>	

CERTIFICATE OF SIGNATURE

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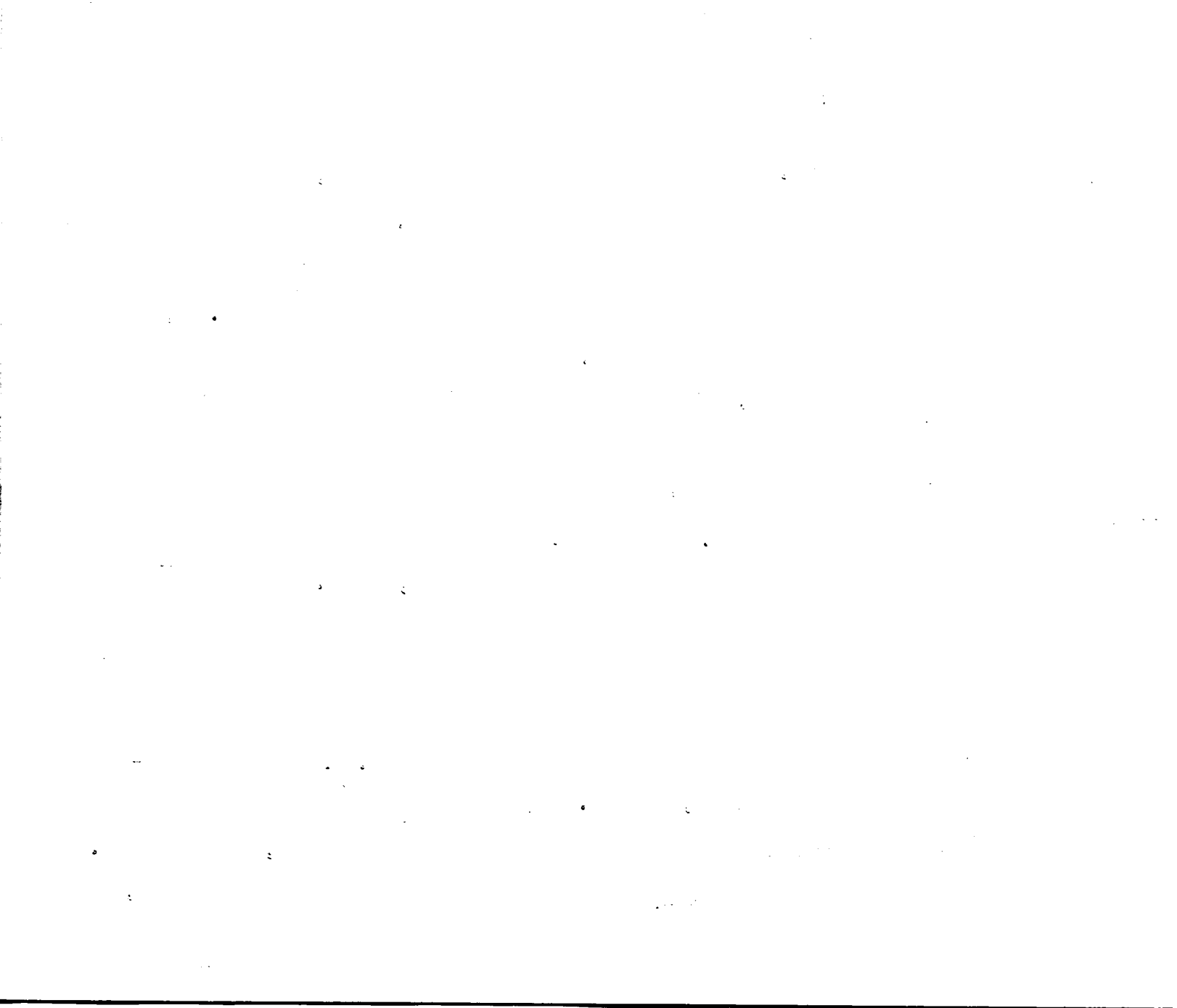
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RECEIVED (1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
 State of Idaho

State File No. 199
 Local Reg. No. 572
 Reg. Dist. No. 600

1. PLACE OF STILLBIRTH a. COUNTY Bingham		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blackfoot,	
c. FULL NAME OF HOSPITAL OR INSTITUTION Bingham Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. 2 (Rockford)	
3. CHILD'S NAME (Type or Print) Frank Kamphaus			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 26, 1952
7. FATHER'S NAME a. (First) Frank b. (Middle) G. c. (Last) Kamphaus		8. COLOR OR RACE White	
9. AGE (At time of this birth) 35 YEARS	10. BIRTHPLACE (State or foreign country) Foss, Oklahoma	11a. USUAL OCCUPATION Farming	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Mildred b. (Middle) Gertrude c. (Last) Stamm		13. COLOR OR RACE White	
14. AGE (At time of this birth) 31 YEARS	15. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? Seven b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT J. H. Kamphaus Rt. 2 Blackfoot.			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 9 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date May 19, 1952.	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES still birth due to prolapsed cord 20b. MATERNAL CAUSES dr d		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR prolapsed cord		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 1149 A. m.		23a. ATTENDANT'S SIGNATURE E. O. Kamphaus M. D.	23b. DATE SIGNED 11-28-52
23c. ATTENDANT'S ADDRESS Blackfoot, Idaho.		IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL John C. Sandberg TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11-28-52	25c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	25d. LOCATION (City, town, or county) (State) Blackfoot, Idaho.
DATE REC'D BY LOCAL REG. Nov 28 1952	REGISTRAR'S SIGNATURE Wm. L. L. L.	26. FUNERAL DIRECTOR John C. Sandberg ADDRESS Blackfoot, Idaho	



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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

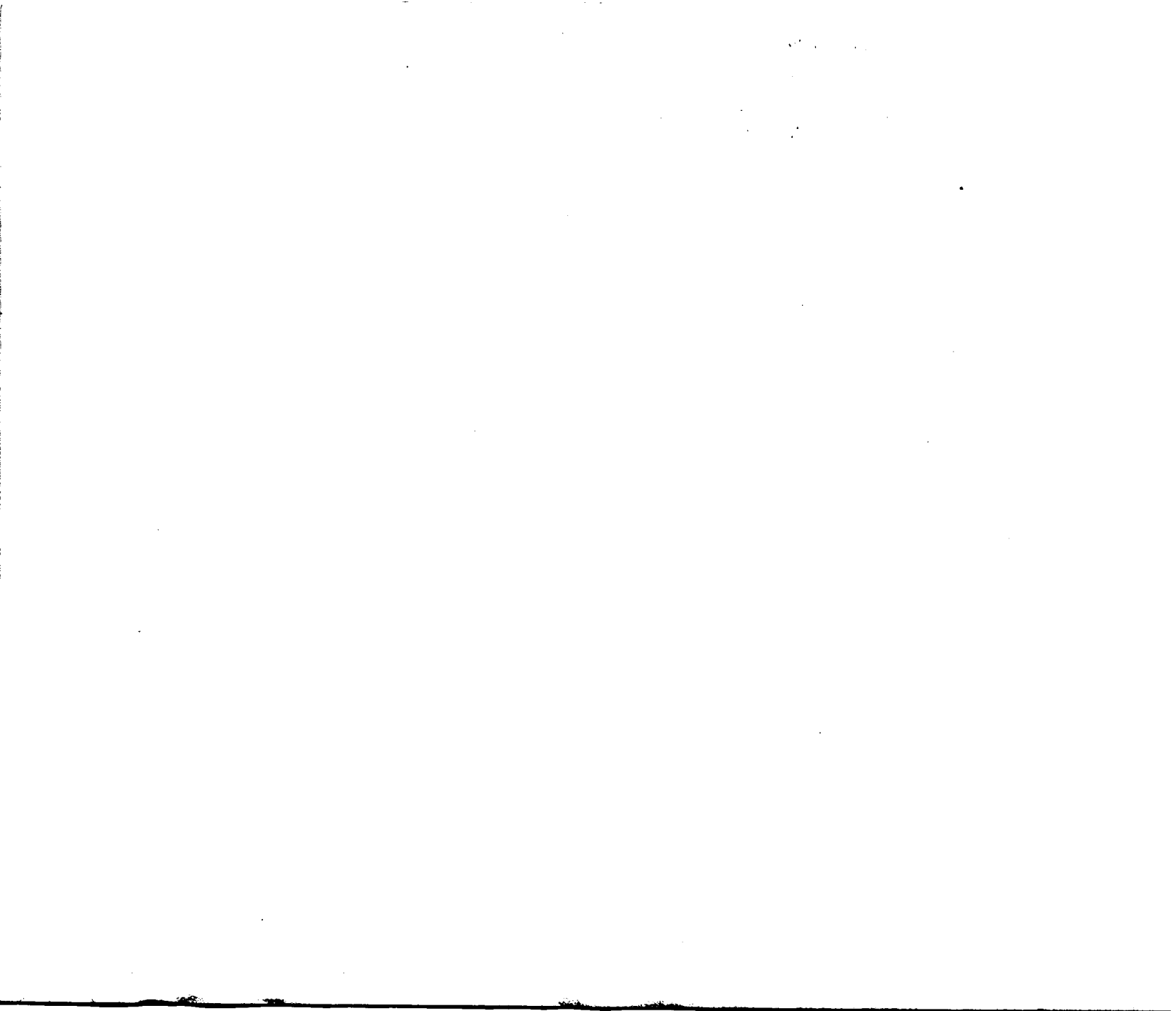
State File No.

Local Reg. No.

Reg. Dist. No.

200

1. PLACE OF STILLBIRTH a. COUNTY <u>Blaine</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Blaine</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hailey</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hetchum</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>SIMPSON</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>11-8-52</u>
7. FATHER'S NAME a. (First) <u>MARVIN</u> b. (Middle) <u>L.</u> c. (Last) <u>SIMPSON</u>		8. COLOR OR RACE <u>W.</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>WENDALL IDAHO</u>	11a. USUAL OCCUPATION <u>GROCERY CLERK</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>JEAN</u> b. (Middle) <u>E.</u> c. (Last) <u>BALDWIN</u>		13. COLOR OR RACE <u>W.</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>PICABOO IDAHO</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>one</u> b. How many children were born alive but are now dead? <u>none</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>none</u>	
17. INFORMANT <u>Martin Simpson</u>			
18a. LENGTH OF PREGNANCY <u>36</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>Y 39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES	
		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2</u> P.m.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>Minnie Baldwin (M.D.)</u>	
23b. DATE SIGNED <u>12-1-52</u>		23c. ATTENDANT'S ADDRESS <u>Hailey Idaho</u>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Robert H. Wright</u>		TITLE <u>REG.</u>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	25b. DATE <u>11-9-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Hailey</u>	25d. LOCATION (City, town, or county) (State) <u>Hailey, Idaho</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Dec 3-1952</u>		OFF. FUNERAL DIRECTOR ADDRESS <u>Ray McGoldrick Hailey</u>	



PHS-797(VS)

4-48

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No. 221

Local Reg. No. 616

Reg. Dist. No. 616

1. PLACE OF BIRTH STATISTICS

a. COUNTY *Bonneville*b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN *Idaho Falls*c. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION *Idaho Hospital*

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE *Idaho* b. COUNTY *Bonneville*c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN *Idaho Falls*d. STREET ADDRESS (If rural, give location)
320 - 8 248th

3. CHILD'S NAME

(Type or Print)

Baby Curtis (Twin)

4. SEX

Female

5a. THIS BIRTH

SINGLE ☒TWIN ☒TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Nov 1 - 1952

7. FATHER'S NAME

a. (First)

Ramon

b. (Middle)

R.

c. (Last)

Curtis

8. COLOR OR RACE

White

9. AGE (At time of this birth)

25 YEARS

10. BIRTHPLACE (State or foreign country)

Idaho Falls, Ida.

11a. USUAL OCCUPATION

Radio Tech

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Wilma

b. (Middle)

Grace

c. (Last)

Bird

13. COLOR OR RACE

White

14. AGE (At time of this birth)

25 YEARS

15. BIRTHPLACE (State or foreign country)

Idaho Falls, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

3

b. How many children were born alive but are now dead?

0

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT

*Ramon Curtis*18a. LENGTH OF PREGNANCY
WEEKS18b. WEIGHT AT BIRTH
LBS. OZS.19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate date*y 39.6*CAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Cause unknown. No fetal heart tones in onset of labor.

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify if M. D., midwife, or other)

J. D. Davis M.D.

23b. DATE SIGNED

23c. ATTENDANT'S ADDRESS

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

25b. DATE

11/5/52

25c. NAME OF CEMETERY OR CREMATORY

Idaho Memorial

25d. LOCATION (City, town, or county)

Idaho Falls, Idaho

(State)

DATE REC'D BY LOCAL REG.

Nov. 25-1952

REGISTRAR'S SIGNATURE

Anna Bigler

26. FUNERAL DIRECTOR

Geo A. Williams Idaho Falls

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 302
Local Reg. No. 220
Reg. Dist. No. 610

1. PLACE OF STILLBIRTH a. COUNTY <u>Bonneville</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bonneville</u>		
b. CITY OR TOWN <u>Idaho Falls</u>		c. CITY OR TOWN <u>Idaho Falls</u>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.D. Hospital</u>		d. STREET ADDRESS <u>3rd - 6 - 18th</u>		
3. CHILD'S NAME (Type or Print) <u>Baby Curtis - (Twin)</u>				
4. SEX <u>Female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov-1-1952</u>	
7. FATHER'S NAME a. (First) <u>Ramon</u> b. (Middle) <u>R</u> c. (Last) <u>Curtis</u>		8. COLOR OR RACE <u>white</u>		
9. AGE (At time of this birth) <u>25</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	11a. USUAL OCCUPATION <u>Radio Tech</u>	11b. KIND OF BUSINESS OR INDUSTRY	
12. MOTHER'S MAIDEN NAME a. (First) <u>Hilma</u> b. (Middle) <u>Grace</u> c. (Last) <u>Bird</u>		13. COLOR OR RACE <u>white</u>		
14. AGE (At time of this birth) <u>25</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Idaho Falls, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?		
17. INFORMANT <u>Ramon Curtis</u>				
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>y 39.6</u>		
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Cause unknown. No fetal heart tones caused of labor.</u>		
20b. MATERNAL CAUSES				
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <u>J. M. D.</u>		23b. DATE SIGNED
		23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <u>11/5/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Burial Home</u>	25d. LOCATION (City, town, or county) (State) <u>Idaho Falls, Idaho</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 25-1952</u>	REGISTRAR'S SIGNATURE <u>Anna Bridges</u>	26. FUNERAL DIRECTOR ADDRESS <u>Geo. H. Williams - Idaho Falls</u>		

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(1949 Revision of Standard Certificate)

2 1952 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL

State of Idaho

State File No. 223

Local Reg. No. 214

Reg. Dist. No. 61D

1. PLACE OF STILLBIRTH a. COUNTY <i>Bonneville</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Bonneville</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Idaho Falls</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Idaho Falls</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sacred Heart Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>1227 Rose Ave</i>	
3. CHILD'S NAME (Type or Print) <i>Percy Duane Dunning Jr.</i>			
4. SEX <i>Male</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Nov 8-1952</i>
7. FATHER'S NAME a. (First) <i>Percy</i> b. (Middle) <i>Duane</i> c. (Last) <i>Dunning</i>		8. COLOR OR RACE <i>White</i>	
9. AGE (at time of this birth) <i>34</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Rose Lake, Idaho</i>	11a. USUAL OCCUPATION <i>Machinist</i>	11b. KIND OF BUSINESS OR INDUSTRY <i>Postoffice</i>
12. MOTHER'S MAIDEN NAME a. (First) <i>Bernice</i> b. (Middle) <i>Aceline</i> c. (Last) <i>Buchholz</i>		13. COLOR OR RACE <i>White</i>	
14. AGE (at time of this birth) <i>22</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Portland, Oregon</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Percy Dunning</i>			
18a. LENGTH OF PREGNANCY <i>33</i> WEEKS	18b. WEIGHT AT BIRTH <i>7</i> LBS. <i>0</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>Y 39.5</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Prematurity (7 mos)</i>	
		20b. MATERNAL CAUSES <i>Polyhydramnios</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>E. L. Erickson M.D.</i>	
		23b. DATE SIGNED <i>11-12-52</i>	
23c. ATTENDANT'S ADDRESS <i>Idaho Falls, Ida.</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE <i>Nov. 10-1952</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Idaho Falls, Idaho</i>
DATE REC'D BY LOCAL REG. <i>Nov. 14-1952</i>		26. FUNERAL DIRECTOR <i>Geo. A. Williams</i>	
REGISTRAR'S SIGNATURE <i>Anna Bridges</i>		ADDRESS <i>Idaho Falls, Idaho</i>	

Serial No. 100-100000

STATE OF TEXAS

NO. 100-100000

OFFICE NAME

STATE OF TEXAS

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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS
STATE OF IDAHO
CERTIFICATE OF STILLBIRTH

State File No. 304

Local Reg. No. 12

Reg. Dist. No. 363

1. PLACE OF STILLBIRTH a. COUNTY <u>Canyon</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Canyon</u>	
b. CITY OR TOWN <u>Nampa</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caldwell</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>516 - Galveston St.</u>	
3. CHILD'S NAME ((Type or Print)) <u>Ruthy Jean Cornelison</u>			
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>10-9-52</u>
7. FATHER'S NAME a. (First) <u>Vernon</u> b. (Middle) <u>C</u> c. (Last) <u>Cornelison</u>		8. COLOR OR RACE <u>W</u>	
9. AGE (At time of this birth) <u>27</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	11a. USUAL OCCUPATION <u>B.M. Equip. Emp.</u>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <u>Genevieve</u> b. (Middle) <u>A</u> c. (Last) <u>Wells</u>		13. COLOR OR RACE <u>W</u>	
14. AGE (At time of this birth) <u>27</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Missouri</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>0</u> b. How many children were born alive but are now dead? c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <u>Genevieve Cornelison - Mother</u>			
18a. LENGTH OF PREGNANCY <u>30</u> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <u>X</u> No <u> </u> Approximate date <u>March 1952</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>unknown</u>	
		20b. MATERNAL CAUSES <u>Toxaemia - Albuminuria - Preeclampsia</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>6:54 P.m.</u>		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) <u>W.B. Ross - M.D.</u>	
23b. DATE SIGNED <u>10/10/52</u>		23c. ATTENDANT'S ADDRESS <u>Nampa Idaho.</u>	
23d. SIGNATURE OF AUTHORIZED OFFICIAL		23e. TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>October 11-1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Canyon Hill</u>	25d. LOCATION (City, town, or county) (State) <u>Caldwell, Idaho</u>
DATE REC'D BY LOCAL REG. <u>Nov 23, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Jane Smith</u>	26. FUNERAL DIRECTOR <u>J. H. Mahan</u>	ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE

NAME		DATE OF BIRTH	
FATHER'S NAME		FATHER'S DATE OF BIRTH	
MOTHER'S NAME		MOTHER'S DATE OF BIRTH	
PLACE OF BIRTH		DATE OF ARRIVAL	
EDUCATION		OCCUPATION	
RELIGION		POLITICAL AFFILIATION	
MARRIAGE		CHILDREN	
MILITARY SERVICE		CRIMINAL RECORD	
EMPLOYMENT HISTORY		FINANCIAL STATEMENT	
SOCIAL HISTORY		PERSONAL INTERESTS	
PHYSICAL DESCRIPTION		PSYCHOLOGICAL EVALUATION	
MEDICAL HISTORY		MENTAL HEALTH HISTORY	
SUBSTANCE ABUSE HISTORY		TREATMENT HISTORY	
CURRENT STATUS		RECOMMENDATIONS	

X-1 (Continued) - For Subsequent Registrations		DATE OF REGISTRATION	
SIGNATURE		OFFICIAL USE	
FINGERPRINTS		PHOTOGRAPH	
IDENTIFICATION		CLASSIFICATION	
REMARKS		ACTION	
DATE OF REVIEW		REVIEWER	
APPROVAL		REJECTION	
REASON FOR REJECTION		APPEAL	
FINAL DECISION		CLOSURE	
ARCHIVAL		DISPOSAL	
RETRIEVAL		ACCESS	
SECURITY		COMPLIANCE	
AUDIT		REPORTING	
TRAINING		CERTIFICATION	
SUPPORT		MAINTENANCE	
UPDATES		REVISIONS	
VERSIONS		HISTORY	
LOGS		ACTIVITY	
PERFORMANCE		EVALUATION	
FEEDBACK		IMPROVEMENT	
INNOVATION		RESEARCH	
DEVELOPMENT		IMPLEMENTATION	
DEPLOYMENT		OPERATION	
SUSTAINMENT		TERMINATION	
ARCHIVAL		DISPOSAL	

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No. 520-521

205

1. PLACE OF STILLBIRTH a. COUNTY <u>Caribou</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Caribou</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Soda Springs,</u>	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Caribou County Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. CHILD'S NAME (Type or Print) <u>Carolyn Ray Lenoir</u>			
4. SEX <u>female</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 10 1952</u>

7. FATHER'S NAME a. (First) <u>Calvin</u> b. (Middle) <u>Coolidge</u> c. (Last) <u>Lenoir</u>		8. COLOR OR RACE <u>White</u>
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9. AGE (At time of this birth) <u>29</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Cut Bank, Montana</u>	11a. USUAL OCCUPATION <u>pipe welder</u>	11b. KIND OF BUSINESS OR INDUSTRY
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12. MOTHER'S MAIDEN NAME a. (First) <u>Bernice</u> b. (Middle) <u>Alvilda</u> c. (Last) <u>Engebretson</u>		13. COLOR OR RACE <u>White</u>
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14. AGE (At time of this birth) <u>26</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>White Earth, North Dakota</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>3</u> b. How many children were born alive but are now dead? <u>0</u> c. How many OTHER children were stillborn (born dead after 24 weeks pregnancy)? <u>0</u>	
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17. INFORMANT <u>Calvin C. Lenoir</u>	
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18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>5</u> LBS. <u>10</u> OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date <u>1/36/50</u>
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CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Cord around neck</u>	20b. MATERNAL CAUSES
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21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Cord around neck</u>	22. STATE ALL OPERATIONS FOR DELIVERY
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I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Allen H. T. [Signature]</u>	(Specify if M. D., midwife, or other)	23b. DATE SIGNED <u>12/15/52</u>
	23c. ATTENDANT'S ADDRESS	If Not attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	25b. DATE <u>11-11-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Soda Springs, Idaho</u>
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DATE REC'D BY LOCAL REG. <u>11-10-52</u>	REGISTRAR'S SIGNATURE <u>Arlene Morris</u>	26. FUNERAL DIRECTOR <u>G. D. Whitman</u>	ADDRESS <u>Soda Springs, Idaho</u>
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DIVISION OF VITAL STATISTICS
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. 205

Local Reg. No. 95

Reg. Dist. No. 470

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 800 Normal Ave.	
3. CHILD'S NAME (Type or Print) Junior McEvers			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 13, 1952
7. FATHER'S NAME a. (First) Unknown b. (Middle) c. (Last)			8. COLOR OR RACE
9. AGE (At time of this birth) YEARS	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) Lou c. (Last) McEvers			13. COLOR OR RACE White
14. AGE (At time of this birth) 14 YEARS	15. BIRTHPLACE (State or foreign country) Pioche, Nevada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Vern B. McCulloch - Coroner			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 2 LBS. 2 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date June 1952 Y38.5	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Complete Splanchnocele	
		20b. MATERNAL CAUSES none	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Toxemia & post partum		22. STATE ALL OPERATIONS FOR DELIVERY manual removal Placenta	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:00 A. m.	23a. ATTENDANT'S SIGNATURE R. P. Sutton		23b. DATE SIGNED 11-7-52
	23c. ATTENDANT'S ADDRESS Burley Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL R. P. Sutton
25a. BURIAL, CREMATION, REMOVAL (Specify) Buried	25b. DATE Nov. 10, 1952	25c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. Nov. 13 1952	REGISTRAR'S SIGNATURE St. Wilson	26. FUNERAL DIRECTOR Vern B. McCulloch - Burley Idaho	

UNITED STATES DEPARTMENT OF JUSTICE

INVESTIGATION

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DIVISION OF VITAL
STATISTICS

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CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 9670

Reg. Dist. No. 1470

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) R. F. D. # 2	
3. CHILD'S NAME (Type or Print) Infant Gibby			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 8, 1952
7. FATHER'S NAME a. (First) Wendell b. (Middle) Albert c. (Last) Gibby		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Roy, Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Faye b. (Middle) Broderick c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Hiawatha, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Wendell A. Gibby</i>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 11-13-52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Spont. Rupture membranes - Premature separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20b.		22. STATE ALL OPERATIONS FOR DELIVERY Manual Removal Placenta	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>R. H. Butler</i>	23b. DATE SIGNED 11-13-52
		23c. ATTENDANT'S ADDRESS Burley Idaho.	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>J. Barth Payne</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/12/52	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. Nov. 17 1952	REGISTRAR'S SIGNATURE <i>R. H. Butler</i>	26. FUNERAL DIRECTOR <i>J. Barth Payne</i>	
		ADDRESS Burley, Idaho	

NAME [Illegible]		DATE OF BIRTH [Illegible]		SEX [Illegible]	
ADDRESS [Illegible]		CITY [Illegible]		STATE [Illegible]	
OCCUPATION [Illegible]		EDUCATION [Illegible]		RELIGION [Illegible]	
MARRIAGE [Illegible]		CHILDREN [Illegible]		SERVICE [Illegible]	
SIGNATURE [Illegible]		DATE [Illegible]		OFFICE [Illegible]	

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DIVISION OF VITAL
STATISTICS

(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 208

Local Reg. No. 97

Reg. Dist. No. 40

1. PLACE OF STILLBIRTH a. COUNTY Cassia		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Cassia	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burley	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) R. F. D. # 2	
3. CHILD'S NAME (Type or Print) Infant Gibby			
4. SEX Male	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input checked="" type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 8, 1952
7. FATHER'S NAME a. (First) Wendell b. (Middle) Albert c. (Last) Gibby		8. COLOR OR RACE White	
9. AGE (At time of this birth) 37 YEARS	10. BIRTHPLACE (State or foreign country) Roy, Utah	11a. USUAL OCCUPATION Farmer	11b. KIND OF BUSINESS OR INDUSTRY Agriculture
12. MOTHER'S MAIDEN NAME a. (First) Faye b. (Middle) Broderick c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Hiawatha, Utah	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? two b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
17. INFORMANT <i>Wendell A. Gibby</i>		18. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 11-13-52	
19a. LENGTH OF PREGNANCY WEEKS	19b. WEIGHT AT BIRTH LBS. OZS.	19c. CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Spont. Rupture membranes - Premature Separation	
20a. FETAL CAUSES none		20b. MATERNAL CAUSES Spont. Rupture membranes - Premature Separation	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR See 20 b.		22. STATE ALL OPERATIONS FOR DELIVERY Placenta removed	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE <i>R. Butler</i>	23b. DATE SIGNED 11-13-52
23c. ATTENDANT'S ADDRESS Burley Idaho.		If NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Garth Taylor</i>
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/12/52	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Nov 17, 1952 R. Wilson		26. FUNERAL DIRECTOR ADDRESS Burley, Idaho	

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APR 4 1952 DIVISION OF VITAL STATISTICS CERTIFICATE OF STILLBIRTH State of Idaho

State File No. 209Local Reg. No. 191Reg. Dist. No. 470

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Cassia		a. STATE Idaho	b. COUNTY Cassia
b. CITY (If outside corporate limits, write RURAL and give township) Burley		c. CITY (If outside corporate limits, write RURAL and give township) Burley	
c. FULL NAME OF HOSPITAL OR INSTITUTION Cottage Hospital		d. STREET ADDRESS (If rural, give location) 8th and Schodde	
3. CHILD'S NAME (Type or Print) Roberto Valdez			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Nov. 21, 1952
7. FATHER'S NAME a. (First) Antonio		b. (Middle) Valdez	c. (Last) Spanish
8. COLOR OR RACE Spanish	9. AGE (At time of this birth) 47 YEARS	10. BIRTHPLACE (State or foreign country) LaGarita, Colorado	11a. USUAL OCCUPATION Laborer
		11b. KIND OF BUSINESS OR INDUSTRY Agriculture	
12. MOTHER'S MAIDEN NAME a. (First) Esmiria		b. (Middle) Salazar	c. (Last) Spanish
13. COLOR OR RACE Spanish	14. AGE (At time of this birth) 35 YEARS	15. BIRTHPLACE (State or foreign country) Del Norte, Colorado	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
17. INFORMANT + Antonio R. Valdez		a. How many children are now living? 12	b. How many children were born alive but are now dead? 0
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov 1952
18a. LENGTH OF PREGNANCY WEEKS		18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Nov 1952
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES None	
		20b. MATERNAL CAUSES Premature Separation Placenta	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Same as # 20b		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 9:45 A.m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.	
23b. DATE SIGNED 11-21-52		23c. ATTENDANT'S ADDRESS Burley Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL Earth Sayre		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Nov. 22, 1952	25c. NAME OF CEMETERY OR CREMATORY Pleasant View	25d. LOCATION (City, town, or county) (State) Burley, Idaho
DATE REC'D BY LOCAL REG. Nov 25 1952	REGISTRAR'S SIGNATURE St. Wilson	26. FUNERAL DIRECTOR Earth Sayre	

Form with multiple sections and fields, heavily obscured by noise and artifacts. Visible text includes:

- Top section: "OFFICE OF THE DIRECTOR OF THE BUREAU OF THE CENSUS"
- Section 1: "NAME" (Robert J. Alder)
- Section 2: "DATE OF BIRTH" (Nov. 1, 1908)
- Section 3: "PLACE OF BIRTH" (Chicago, Illinois)
- Section 4: "EDUCATION" (High School)
- Section 5: "OCCUPATION" (Agriculture)
- Section 6: "MARRIAGE" (Married)
- Section 7: "CHILDREN" (None)
- Section 8: "MILITARY SERVICE" (None)
- Section 9: "REMARKS" (None)
- Section 10: "SIGNATURE" (None)
- Section 11: "DATE" (None)
- Section 12: "OFFICE" (None)

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 210Local Reg. No. 11Reg. Dist. No. 200

1. PLACE OF STILLBIRTH a. COUNTY <u>Latah</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Latah</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potlatch</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potlatch</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) <u>Baby Boy Hegg</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>Nov 3 1952</u>
7. FATHER'S NAME a. (First) <u>Raymond</u> b. (Middle) c. (Last) <u>Hegg</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>23</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Potlatch, Idaho</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Dora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Skroy</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>21</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Spokane, Wn.</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>1</u> b. How many children were born alive but are now dead? <u>1</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT <u>Raymond Hegg</u>			
18a. LENGTH OF PREGNANCY <u>25</u> WEEKS	18b. WEIGHT AT BIRTH <u>3</u> LBS. <u>0</u> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>8-1-52</u> <u>Y39.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Unknown</u>		
	20b. MATERNAL CAUSES <u>Unknown</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Previous Stillbirth (Premature)</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>None</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>2:00</u> <u>a.m.</u>	23a. ATTENDANT'S SIGNATURE <u>J. Stephens</u>		23b. DATE SIGNED <u>11-3-52</u>
	23c. ATTENDANT'S ADDRESS <u>Moscow</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>H.R. Saut</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	25b. DATE <u>Nov 5, 1952</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Moscow Cemetery</u>	25d. LOCATION (City, town, or county) (State) <u>Moscow Idaho</u>
DATE REC'D BY LOCAL REG. <u>11/5/52</u>	REGISTRAR'S SIGNATURE <u>Lain E. Angel</u>	26. FUNERAL DIRECTOR <u>H.R. Saut</u> ADDRESS <u>Moscow, Idaho</u>	

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(1949 Revision of Standard Certificate)
CERTIFICATE OF STILLBIRTH
State of Idaho

State File No. _____
Local Reg. No. 379
Reg. Dist. No. 510

JAN 12 1953

1. PLACE OF STILLBIRTH a. COUNTY <u>Bannock</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Bannock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pocatello</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bannock Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>527 South 9th.</u>	
3. CHILD'S NAME (Type or Print) <u>Infant Boy Rich</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>November 28, 1952</u>
7. FATHER'S NAME a. (First) <u>Ronald</u> b. (Middle) <u>Shepherd</u> c. (Last) <u>Rich</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>34</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Montpelier, Ida.</u>	11a. USUAL OCCUPATION <u>Interior Decorator</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>Barbara</u> b. (Middle) <u>Vera</u> c. (Last) <u>Jackson</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>32</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Thomas, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>One</u> b. How many children were born alive but are now dead? <u>None</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>One</u>	
17. INFORMANT <u>Barbara Rich, Mother</u>			
18a. LENGTH OF PREGNANCY <u>40</u> WEEKS	18b. WEIGHT AT BIRTH <u>not weighed</u> LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <u>11/29/52</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES <u>Erythroblastosis Fetalis.</u>		
	20b. MATERNAL CAUSES <u>None.</u>		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>Erythroblastosis Fetalis.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Low Forceps Delivery.</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <u>10:08 P.</u> m.	23a. ATTENDANT'S SIGNATURE <u>H. L. Olsen M.D.</u>		23b. DATE SIGNED <u>Dec. 1st, 1952.</u>
	23c. ATTENDANT'S ADDRESS <u>Pocatello, Idaho.</u>		24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Edmund E. Olson</u>
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	25b. DATE <u>11/20/52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>Montpelier</u>	25d. LOCATION (City, town, or county) (State) <u>Montpelier Ida</u>
DATE REC'D BY LOCAL REG. <u>JAN 3 1953</u>	REGISTRAR'S SIGNATURE <u>Eva M. Wallin</u>		26. FUNERAL DIRECTOR ADDRESS <u>Edmund E. Olson</u>

DECLARATION OF INTEREST

Form No. 273

Rev. 1-1-60

1. Name of the person making the declaration

2. Name of the person for whom the declaration is made

3. Date of the declaration

4. Place of the declaration

5. Signature of the person making the declaration

6. Signature of the person for whom the declaration is made

7. Name of the person making the declaration

8. Name of the person for whom the declaration is made

9. Date of the declaration

10. Place of the declaration

11. Signature of the person making the declaration

12. Signature of the person for whom the declaration is made

13. Name of the person making the declaration

14. Name of the person for whom the declaration is made

15. Date of the declaration

16. Place of the declaration

17. Signature of the person making the declaration

18. Signature of the person for whom the declaration is made

19. Name of the person making the declaration

20. Name of the person for whom the declaration is made

21. Date of the declaration

22. Place of the declaration

23. Signature of the person making the declaration

24. Signature of the person for whom the declaration is made

25. Name of the person making the declaration

26. Name of the person for whom the declaration is made

27. Date of the declaration

28. Place of the declaration

29. Signature of the person making the declaration

30. Signature of the person for whom the declaration is made

31. Name of the person making the declaration

32. Name of the person for whom the declaration is made

33. Date of the declaration

34. Place of the declaration

35. Signature of the person making the declaration

36. Signature of the person for whom the declaration is made

37. Name of the person making the declaration

38. Name of the person for whom the declaration is made

39. Date of the declaration

40. Place of the declaration

41. Signature of the person making the declaration

42. Signature of the person for whom the declaration is made

43. Name of the person making the declaration

44. Name of the person for whom the declaration is made

45. Date of the declaration

46. Place of the declaration

47. Signature of the person making the declaration

48. Signature of the person for whom the declaration is made

49. Name of the person making the declaration

50. Name of the person for whom the declaration is made

51. Date of the declaration

52. Place of the declaration

53. Signature of the person making the declaration

54. Signature of the person for whom the declaration is made

RECEIVED

(1949 Revision of Standard Certificate)

DEC 17 1952

DIVISION OF VITAL

State of Idaho

State File No.

Local Reg. No. 362

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bannock	
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) 505 So. Grant	
3. CHILD'S NAME (Type or Print) Randall Bert Piper			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 1, 1952
7. FATHER'S NAME a. (First) Garry b. (Middle) Barber c. (Last) Piper		8. COLOR OR RACE white	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Rexburg, Idaho	11a. USUAL OCCUPATION welder	11b. KIND OF BUSINESS OR INDUSTRY Paul Roberts Co.
12. MOTHER'S MAIDEN NAME a. (First) Joy b. (Middle) c. (Last) Aldous		13. COLOR OR RACE white	
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) Pocatello, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Garry B. Piper father			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 14 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 12-10-52	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) Autopsy showed no cause - Probable compression of cord. Prior to delivery		20b. MATERNAL CAUSES	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 3:12 P. m.		23. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Ralph B. Negstad	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho		23b. DATE SIGNED 12-10-52	
23d. SIGNATURE OF AUTHORIZED OFFICIAL John Henderson		TITLE REGISTRAR	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 4, 1952	25c. NAME OF CEMETERY OR CREMATORY Henderson Funeral	25d. LOCATION (City, town, or county) (State) Pocatello, Idaho
DATE REC'D BY LOCAL REG. DEC 16 1952	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR John Henderson	ADDRESS Pocatello, Idaho

CERTIFICATE OF STILLBIRTH

JAN 12 1953 State of Idaho

State File No. 213

Local Reg. No. 381

Reg. Dist. No. 511

1. PLACE OF STILLBIRTH a. COUNTY Bannock		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Bingham	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Hall	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS (If rural, give location) ---	
3. CHILD'S NAME (Type or Print) Baby Boy Skenandore			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 10, 1952
7. FATHER'S NAME a. (First) Charles b. (Middle) Elmer c. (Last) Skenandore		8. COLOR OR RACE Indian	
9. AGE (At time of this birth) 41 YEARS	10. BIRTHPLACE (State or foreign country) Green Bay, Wisconsin	11a. USUAL OCCUPATION Mechanic	11b. KIND OF BUSINESS OR INDUSTRY Indian Agency
12. MOTHER'S MAIDEN NAME a. (First) Diane b. (Middle) Patricia c. (Last) Major		13. COLOR OR RACE Indian	
14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Menden, Nevada	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 3 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 1	
17. INFORMANT Diane Major Skenandore mother			
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 10 LBS. 4 OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 12/30/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Ignition, Fetal due to maternal incipient diabetes 20b. MATERNAL CAUSES Incipient Diabetes		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY Version & Extraction	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 12:30 noon Pocatello Idaho		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) Torrey A. Howard M.D. 23b. DATE SIGNED 17 Dec 52	
23c. ATTENDANT'S ADDRESS Pocatello Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL John H. Howard TITLE Physician	
25a. DATE OF REMOVAL (Specify) 12/21/52	25b. DATE 12/21/52	25c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	25d. LOCATION (City, town, or county) (State) Salt Lake City Utah
DATE REC'D BY LOCAL REG. JAN 5 1953	REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR John H. Howard ADDRESS Pocatello	

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Pocatello

St. Anthony Mercy Hospital

Boys' Home

December 10, 1952

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(1949 Revision of Standard Certificate)

DEC 27 1952 CERTIFICATE OF STILLBIRTH**DIVISION OF VITAL****State of Idaho**State File No. 224Local Reg. No. 374Reg. Dist. No. 370

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Bannock		a. STATE Idaho	b. COUNTY Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Mercy Hospital		d. STREET ADDRESS 425 Franklin	
3. CHILD'S NAME (Type or Print) Baby Girl Nelson			
4. SEX female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 11 1952
7. FATHER'S NAME a. (First) Clinton b. (Middle) D. c. (Last) Nelson		8. COLOR OR RACE White	
9. AGE (At time of this birth) 20 YEARS	10. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	11a. USUAL OCCUPATION Clerk	11b. KIND OF BUSINESS OR INDUSTRY Albertsons Food Store
12. MOTHER'S MAIDEN NAME a. (First) Betty b. (Middle) LaVon c. (Last) Randall		13. COLOR OR RACE White	
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Blackfoot, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 0 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Betty Randall Nelson mother			
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 4 LBS. 5 OZS.	19. Was a standard serological test for syphilis performed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approximate date 12/18/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature 20b. MATERNAL CAUSES Severe Pre-eclampsia - Premature Labor		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY none	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 8:30 p.m.		23a. ATTENDANT'S SIGNATURE Ralph B. Negand m.d.	23b. DATE SIGNED 12/18/52
23c. ATTENDANT'S ADDRESS Pocatello Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Harold Leckham	TITLE Blackfoot, Idaho
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 13, 1952	25c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery	25d. LOCATION (City, town, or county) (State) Blackfoot Bingham Idaho
DATE REC'D BY LOCAL REG. DEC 26 1952		REGISTRAR'S SIGNATURE Eva M. Wallin	26. FUNERAL DIRECTOR Harold Leckham

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(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

State of Idaho

State File No.

Local Reg. No. 59Reg. Dist. No. 130

1. PLACE OF STILLBIRTH a. COUNTY <u>Benedict</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Idaho</u> b. COUNTY <u>Benedict</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Maries</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Maries Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	
3. CHILD'S NAME (Type or Print) <u>INFANT CLARK</u>			
4. SEX <u>MALE</u>	5a. THIS BIRTH SINGLE <input type="checkbox"/> TWIN <input checked="" type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input checked="" type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <u>12 6 1952</u>
7. FATHER'S NAME a. (First) <u>WILLIAM</u> b. (Middle) <u>CLARK</u> c. (Last) <u>Jr.</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>21</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Coeur d'Alene, Idaho</u>	11a. USUAL OCCUPATION <u>Electrician</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>-</u>
12. MOTHER'S MAIDEN NAME a. (First) <u>CHARLENE</u> b. (Middle) <u>WADDELL</u> c. (Last) <u>WADDELL</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>17</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>St. Maries, Idaho</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <u>NONE</u> b. How many children were born alive but are now dead? <u>NONE</u> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <u>NONE</u>	
17. INFORMANT <u>Robert M. Clark Jr.</u>			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? (Yes) <input checked="" type="checkbox"/> (No) <input type="checkbox"/> Approximate date <u>Y 36.6</u>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <u>Regeneration of Placenta</u>	
		20b. MATERNAL CAUSES <u>none.</u>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <u>none.</u>		22. STATE ALL OPERATIONS FOR DELIVERY <u>Manual vertex delivery</u>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE <u>Robert M. Clark Jr.</u>		23b. DATE SIGNED <u>15 Dec 52</u>
	23c. ATTENDANT'S ADDRESS <u>St. Maries Hosp.</u>	IF NOT attended by physician	24. SIGNATURE OF AUTHORIZED OFFICIAL <u>Gerald E. Browning</u> TITLE
25a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>	25b. DATE <u>12-6-52</u>	25c. NAME OF CEMETERY OR CREMATORY <u>St. Maries Hospital</u>	25d. LOCATION (City, town, or county) (State) <u>St. Maries Idaho</u>
DATE REC'D BY LOCAL REG. <u>12-22-52</u>	REGISTRAR'S SIGNATURE <u>Robert M. Clark Jr.</u>	26. FUNERAL DIRECTOR <u>Gerald E. Browning</u> ADDRESS <u>St. Maries Idaho.</u>	

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 216
Local Reg. No. 237
Reg. Dist. No. 676

1. PLACE OF STILLBIRTH a. COUNTY Bonneville		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Idaho Falls		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dubois	
c. FULL NAME OF HOSPITAL OR INSTITUTION Sacred Heart		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Teri Thomas			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) November 7, 1952
7. FATHER'S NAME a. (First) George W Thomas		b. (Middle) c. (Last)	
9. AGE (At time of this birth) 25 YEARS		10. BIRTHPLACE (State or foreign country) Idaho	
11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY Farming	
12. MOTHER'S MAIDEN NAME a. (First) Edna		b. (Middle) c. (Last) Fredericksen	
14. AGE (At time of this birth) 22 YEARS		15. BIRTHPLACE (State or foreign country) Idaho	
17. INFORMANT George W. Thomas		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? None b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 40 WEEKS	18b. WEIGHT AT BIRTH 7 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 11/9/52	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Neonatal Asphyxia (Cause undetermined)	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. SIGNATURE (Specify if M. D., midwife, or other) M.D.	
23b. DATE SIGNED 11/9/52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
23c. ATTENDANT'S ADDRESS 553 F St.		If NOT attended by physician	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 11/10/52	25c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	25d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho
DATE REC'D BY LOCAL REG. Jan. 3-1953	REGISTRAR'S SIGNATURE Anna Bridges	26. FUNERAL DIRECTOR Jack H. Wood	ADDRESS Idaho Falls, Idaho

SECRET

1. NAME OF THE PARTY 2. ADDRESS 3. CITY 4. STATE 5. ZIP CODE		6. DATE OF BIRTH 7. SEX 8. RACE 9. RELIGION 10. OCCUPATION	
11. EDUCATION 12. MARITAL STATUS 13. NUMBER OF CHILDREN 14. DATE OF MARRIAGE		15. SOURCE OF INCOME 16. ANNUAL INCOME 17. TYPE OF HOUSING 18. OWNERSHIP STATUS	
19. VEHICLE REGISTRATION 20. DRIVER'S LICENSE 21. SOCIAL SECURITY NUMBER 22. FEDERAL TAX ID NUMBER		23. CREDIT HISTORY 24. CREDIT SCORE 25. CREDIT LIMIT 26. CREDIT BALANCE	
27. EMPLOYMENT HISTORY 28. CURRENT EMPLOYER 29. EMPLOYMENT DATES 30. EMPLOYMENT TYPE		31. BANKING INFORMATION 32. BANK NAME 33. ACCOUNT TYPE 34. ACCOUNT NUMBER	
35. INVESTMENT INFORMATION 36. INVESTMENT TYPE 37. INVESTMENT DATES 38. INVESTMENT BALANCE		39. ASSET INFORMATION 40. ASSET TYPE 41. ASSET DATES 42. ASSET BALANCE	
43. LIABILITIES 44. LIABILITY TYPE 45. LIABILITY DATES 46. LIABILITY BALANCE		47. NET WORTH 48. NET WORTH DATES 49. NET WORTH BALANCE 50. NET WORTH PERCENTAGE	

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(1949 Revision of Standard Certificate)

DEC 29 1952

CERTIFICATE OF STILLBIRTH

State of Idaho

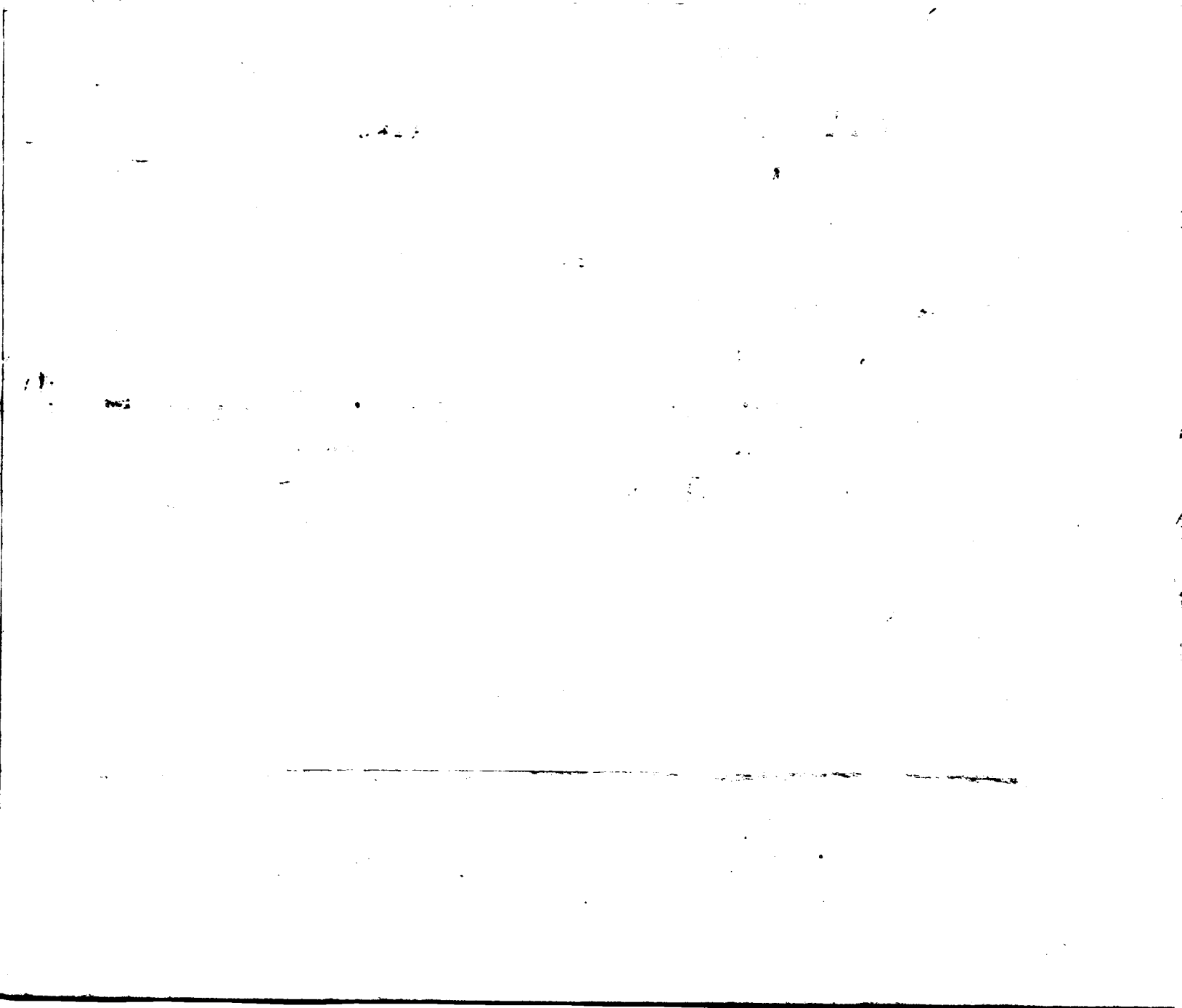
State File No.

Local Reg. No. 86

Reg. Dist. No. 660

DIVISION OF VITAL STATISTICS

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Canyon			a. STATE Idaho		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caldwell			b. COUNTY		
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Caldwell Memorial Hosp			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		
d. STREET ADDRESS (If rural, give location)			d. STREET ADDRESS (If rural, give location)		
3. CHILD'S NAME (Type or Print) Larry Don Bledsoe					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) 12 12 1952		
7. FATHER'S NAME a. (First) Bill		b. (Middle) Jr.		c. (Last) Bledsoe	
8. COLOR OR RACE White		9. AGE (At time of this birth) 22 YEARS			
10. BIRTHPLACE (State or foreign country) Grove Springs Mo.		11a. USUAL OCCUPATION Carpenter		11b. KIND OF BUSINESS OR INDUSTRY Dewey Comstock	
12. MOTHER'S MAIDEN NAME a. (First) Ellen		b. (Middle) D		c. (Last) Thomas	
13. COLOR OR RACE W		14. AGE (At time of this birth) 30 YEARS			
15. BIRTHPLACE (State or foreign country) Cary Idaho		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)			
17. INFORMANT Bill Bledsoe Junior Father		a. How many children are now living? 0		b. How many children were born alive but are now dead? 0	
c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0		18a. LENGTH OF PREGNANCY WEEKS			
18b. WEIGHT AT BIRTH LBS. OZS.		19. Was a standard serological test for syphilis performed? Yes. No. Approximate date. Y 36.2			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES			
20b. MATERNAL CAUSES Abruptio Placentae		21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR as above			
22. STATE ALL OPERATIONS FOR DELIVERY Cesarian Section		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M.D.			
23b. DATE SIGNED Dec 15/52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE			
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial		25b. DATE Dec. 15, 1952		25c. NAME OF CEMETERY OR CREMATORY Canyon Hill	
25d. LOCATION (City, town, or county) Caldwell, Idaho		(State)			
DATE REC'D BY LOCAL REG. 12/23/52		REGISTRAR'S SIGNATURE Agnes M. Denman		26. FUNERAL DIRECTOR Peckham-Dakota Chapel Caldwell, Idaho	



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CERTIFICATE OF STILLBIRTH
JAN 8 1953
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 218
Local Reg. No. 58
Reg. Dist. No. 630

1. PLACE OF STILLBIRTH a. COUNTY Madison		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Madison	
b. CITY OR TOWN Rexburg,		c. CITY OR TOWN Sugar City	
c. FULL NAME OF HOSPITAL OR INSTITUTION Madison Mem. Hospital		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print) Baby Perrenoud			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 31, 1952
7. FATHER'S NAME a. (First) Daryl b. (Middle) Price c. (Last) Perrenoud		8. COLOR OR RACE White	
9. AGE (At time of this birth) 23 YEARS	10. BIRTHPLACE (State or foreign country) Plano, Idaho	11a. USUAL OCCUPATION in service Army	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) Wanda b. (Middle) LaRue c. (Last) Brown		13. COLOR OR RACE White	
14. AGE (At time of this birth) 22 YEARS	15. BIRTHPLACE (State or foreign country) Driggs, Idaho	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? none b. How many children were born alive but are now dead? none c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? none	
17. INFORMANT Daryl P. Perrenoud			
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes..... No..... Approximate date 1/1/53	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Stillborn 20b. MATERNAL CAUSES unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) M. J. Rigby	
		23b. DATE SIGNED 1/1/53	
23c. ATTENDANT'S ADDRESS		24. SIGNATURE OF AUTHORIZED OFFICIAL Wanda LaRue TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 1/1/53	25c. NAME OF CEMETERY OR CREMATORY Plano	25d. LOCATION (City, town, or county) (State) Rexburg, Rt2, Idaho
DATE REC'D BY LOCAL REG. 1-1-53	REGISTRAR'S SIGNATURE Leona Flamm	26. FUNERAL DIRECTOR Kenneth Flamm	ADDRESS Rexburg

Form with multiple sections and fields, heavily obscured by noise and artifacts. Visible text includes:

1. NAME (Last, First, Middle)
2. DATE OF BIRTH (Month, Day, Year)
3. SEX (Male, Female)
4. RACE (White, Black, Other)
5. RELIGION (Catholic, Protestant, Other)
6. OCCUPATION (Type of work)
7. ADDRESS (Street, City, State, Zip)
8. EDUCATION (Grade completed)
9. MARITAL STATUS (Single, Married, Divorced, Widowed)
10. SIGNATURE (Handwritten name)
11. DATE (Month, Day, Year)
12. OFFICIAL USE (Administrative fields)

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(1949 Revision of Standard Certificate)

DEC 20 1952

DIVISION OF VITAL CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF STILLBIRTH

a. COUNTY

Minidoka

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rupert

c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Rupert General Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

Idaho

b. COUNTY

minidoka

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN

Rupert

d. STREET ADDRESS (If rural, give location)

223 East 4th.

3. CHILD'S NAME

((Type or Print))

Marion Allen (Baby)

4. SEX

male

5a. THIS BIRTH

SINGLE ☒TWIN ☐TRIPLET ☐

5b. IF TWIN OR TRIPLET (This child born)

1ST ☐2ND ☐3RD ☐

6. DATE OF STILLBIRTH (Month) (Day) (Year)

Dec 3 1952

7. FATHER'S NAME

a. (First)

Marion

b. (Middle)

C

c. (Last)

allen

8. COLOR OR RACE

white

9. AGE (At time of this birth)

37 YEARS

10. BIRTHPLACE (State or foreign country)

Idaho

11a. USUAL OCCUPATION

Laborer

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S MAIDEN NAME

a. (First)

Bessie

b. (Middle)

B

c. (Last)

Champion

13. COLOR OR RACE

white

14. AGE (At time of this birth)

32 YEARS

15. BIRTHPLACE (State or foreign country)

Rupert Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many children are now living?

4

b. How many children were born alive but are now dead?

1

c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?

0

17. INFORMANT

Marion C. Allen

18a. LENGTH OF PREGNANCY (Weeks)

18b. WEIGHT AT BIRTH (LBS. OZS.)

19. Was a standard serological test for syphilis performed? Yes..... No.....
Approximate dateCAUSE OF STILLBIRTH
State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)

20a. FETAL CAUSES

Stimulation by cord. 10 days before birth?

20b. MATERNAL CAUSES

21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR

22. STATE ALL OPERATIONS FOR DELIVERY

I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.

23a. ATTENDANT'S SIGNATURE

(Specify M. D., midwife, or other)

O. H. McArthur M.D.

23b. DATE SIGNED

12-3-52

23c. ATTENDANT'S ADDRESS

Rupert Idaho

If NOT attended by physician

24. SIGNATURE OF AUTHORIZED OFFICIAL

TITLE

25a. BURIAL, CREMATION, REMOVAL (Specify)

12-3-52

25b. DATE

12-3-52

25c. NAME OF CEMETERY OR CREMATORY

Hyburn

25d. LOCATION (City, town, or county)

Hyburn Idaho

(State)

DATE REC'D BY LOCAL REG.

12-15-52

REGISTRAR'S SIGNATURE

Ed. E. Lawrence

26. FUNERAL DIRECTOR

ADDRESS

Rodney Goodman Rupert

SECRET

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(1949 Revision of Standard Certificate)

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 220

Local Reg. No. 273

Reg. Dist. No. 220

DIVISION OF VITAL
STATISTICS

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Nez Perce		a. STATE Idaho	b. COUNTY Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		d. STREET ADDRESS (If rural, give location) 515 - 5th St.	
3. CHILD'S NAME (Type or Print) BABY BOY HICKMAN			
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 8, 1952
7. FATHER'S NAME		8. COLOR OR RACE	
a. (First) Wayne	b. (Middle) C.	c. (Last) Hickman	white
9. AGE (At time of this birth) 30 YEARS	10. BIRTHPLACE (State or foreign country) Genesee, Idaho	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME		13. COLOR OR RACE	
a. (First) Betty	b. (Middle) Jean	c. (Last) Hickman	white
14. AGE (At time of this birth) 27 YEARS	15. BIRTHPLACE (State or foreign country) Spokane, Washington	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)	
17. INFORMANT Wayne C. Hickman		a. How many children are now living? 1	b. How many children were born alive but are now dead? 0
18a. LENGTH OF PREGNANCY WEEKS		19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y 36 w 2	
18b. WEIGHT AT BIRTH LBS. OZS.		20a. FETAL CAUSES	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20b. MATERNAL CAUSES Abruptio Placentae	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Severe labor pain & hemorrhage		22. STATE ALL OPERATIONS FOR DELIVERY Cesarian section	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) A. J. White, M.D.	
23b. DATE SIGNED 12-11-52		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) removal		25b. DATE 12-11-1952	
25c. NAME OF CEMETERY OR CREMATORY Genesee Cemetery		25d. LOCATION (City, town, or county) (State) Genesee, Latah, Idaho	
DATE REC'D BY LOCAL REG. Dec. 11, 1952		26. FUNERAL DIRECTOR ADDRESS R. H. Malcom Lewiston, Idaho	

JUN 19 1992

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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JAN 16 1953

DIVISION OF VITAL STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No.

Local Reg. No. 223

Reg. Dist. No. 220

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY NezPerce		a. STATE Idaho	b. COUNTY NezPerce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston, Idaho		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston,	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph		d. STREET ADDRESS (If rural, give location) 2306--Main St.	
3. CHILD'S NAME (Type or Print) Baby Boy Mill			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 19, 1952
7. FATHER'S NAME a. (First) Jay		b. (Middle) Mill	c. (Last) White
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Southwick, Ida.	11a. USUAL OCCUPATION PFI	11b. KIND OF BUSINESS OR INDUSTRY Lumbering
12. MOTHER'S MAIDEN NAME Mary		a. (First) Paulzin	b. (Middle) Paulzin
14. AGE (At time of this birth) 31 YEARS		15. BIRTHPLACE (State or foreign country) Spokane, Washington	
17. INFORMANT Jay a Mill		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 28 weeks pregnancy)? 1	
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date 1/39.6	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Unknown	
		20b. MATERNAL CAUSES Unknown	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 4:45 A.M.		23a. ATTENDANT'S SIGNATURE (Specify if M.D., midwife, or other) O.M. Mackey, M.D.	
23b. DATE SIGNED 12/19/52		23c. ATTENDANT'S ADDRESS Lewiston, Idaho	
24. SIGNATURE OF AUTHORIZED OFFICIAL NOT attended by physician		TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12-22052	25c. NAME OF CEMETERY OR CREMATORY Normal Hill	25d. LOCATION (City, town, or county) (State) Lewiston, Idaho
DATE REC'D BY LOCAL REG. Dec. 20, 1952		26. FUNERAL DIRECTOR Brower-Wann by 12/21/52	
REGISTERAR'S SIGNATURE Jean Negelins		ADDRESS Lewiston, Ida.	

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DEC 18 1952

(1949 Revision of Standard Certificate)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF STILLBIRTH

State of Idaho

State File No. 000

Local Reg. No. 13

Reg. Dist. No. 622

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY <i>Teton</i>		a. STATE <i>Idaho</i> b. COUNTY <i>Teton</i>	
b. CITY OR TOWN <i>Driggs</i>		c. CITY OR TOWN <i>Driggs</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Teton Valley Hospital</i>		d. STREET ADDRESS (If rural, give location)	
3. CHILD'S NAME (Type or Print)			
4. SEX <i>Female</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>12 - 3 - 52</i>
7. FATHER'S NAME a. (First) <i>Junior</i> b. (Middle) <i>Glen</i> c. (Last) <i>Pehrson</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>30</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Idaho</i>	11a. USUAL OCCUPATION <i>Farmer</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Malhee</i> b. (Middle) <i>Millie</i> c. (Last) <i>Olsen</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>29</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>4</i> b. How many children were born alive but are now dead? <i>None</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? <i>None</i>	
17. INFORMANT <i>Junior Glen Pehrson</i>			
18a. LENGTH OF PREGNANCY <i>32</i> WEEKS	18b. WEIGHT AT BIRTH <i>6</i> LBS. <i>4</i> OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date <i>July - '52</i>	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES <i>Etiology - unknown</i>	
20b. MATERNAL CAUSES			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Severe Varicose Veins -</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>None</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE (Specify if M. D., midwife, or other) <i>Ja Grande C. Laven, M.D.</i>	
23b. DATE SIGNED <i>12-3-52</i>		23c. ATTENDANT'S ADDRESS <i>Driggs, Idaho</i>	
24. SIGNATURE OF AUTHORIZED OFFICIAL <i>Richard Egbert</i>		TITLE <i>Tetonia, Idaho</i>	
25a. BURIAL, CREMATION, REMOVAL (Specify) <i>12-3-52</i>	25b. DATE <i>12-3-52</i>	25c. NAME OF CEMETERY OR CREMATORY <i>Haden Cemetery</i>	25d. LOCATION (City, town, or county) (State) <i>Tetonia, Idaho</i>
DATE REC'D BY LOCAL REG. <i>12-3-52</i>		26. FUNERAL DIRECTOR ADDRESS <i>Richard Egbert Tetonia Idaho</i>	

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Section 85: [Illegible text]

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Section 90: [Illegible text]

Section 91: [Illegible text]

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Section 94: [Illegible text]

Section 95: [Illegible text]

Section 96: [Illegible text]

Section 97: [Illegible text]

Section 98: [Illegible text]

Section 99: [Illegible text]

Section 100: [Illegible text]

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FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

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DEC 20 1952
DIVISION OF VITALS
State of Idaho

State File No.

Local Reg. No. 19

Reg. Dist. No. 460

1. PLACE OF STILLBIRTH a. COUNTY <i>Twin Falls</i>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <i>Idaho</i> b. COUNTY <i>Twin Falls</i>	
b. CITY OR TOWN <i>Twin Falls</i>		c. CITY OR TOWN <i>Twin Falls</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Major Valley Memorial</i>		d. STREET ADDRESS (If rural, give location) <i>Rt. #1</i>	
3. CHILD'S NAME (Type or Print)			
4. SEX <i>Fe</i>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) <i>Dec. 7 1952</i>
7. FATHER'S NAME a. (First) <i>Dean</i> b. (Middle) <i>Ray</i> c. (Last) <i>Gleed</i>		8. COLOR OR RACE <i>white</i>	
9. AGE (At time of this birth) <i>22</i> YEARS	10. BIRTHPLACE (State or foreign country) <i>Garland, Utah</i>	11a. USUAL OCCUPATION <i>labor</i>	11b. KIND OF BUSINESS OR INDUSTRY
12. MOTHER'S MAIDEN NAME a. (First) <i>Delila</i> b. (Middle) <i>LaVon</i> c. (Last) <i>Gleed</i>		13. COLOR OR RACE <i>white</i>	
14. AGE (At time of this birth) <i>20</i> YEARS	15. BIRTHPLACE (State or foreign country) <i>Montpelier, Idaho</i>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? <i>2</i> b. How many children were born alive but are now dead? <i>0</i> c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT <i>Dean B. Gleed</i>			
18a. LENGTH OF PREGNANCY <i>41</i> WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes. <input checked="" type="checkbox"/> No. <input type="checkbox"/> Approximate date <i>Sept 1952</i> <i>y38,1</i>	
20a. FETAL CAUSES State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.) <i>Hydrocephalus - Spina Bifida - Club Feet</i>		20b. MATERNAL CAUSES <i>None</i>	
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR <i>Breech presentation - Head impossible</i>		22. STATE ALL OPERATIONS FOR DELIVERY <i>Caesarian Section</i>	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at <i>732 P</i> m.		23a. ATTENDANT'S SIGNATURE <i>Max D. Garner</i> 23b. DATE SIGNED <i>7 Dec 1952</i>	
23c. ATTENDANT'S ADDRESS <i>Tiler, Idaho</i>		24. SIGNATURE OF AUTHORIZED OFFICIAL TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify)	25b. DATE	25c. NAME OF CEMETERY OR CREMATORY	25d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <i>12-18-52</i> DEC 18 1952		REGISTRAR'S SIGNATURE <i>Anna Lusk</i> 26. FUNERAL DIRECTOR ADDRESS	

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JAN 8 1956 CERTIFICATE OF STILLBIRTH

DIVISION OF VITAL State of Idaho

State File No.

Local Reg. No. 48

Reg. Dist. No. 320

1. PLACE OF STILLBIRTH (State or County) a. COUNTY Washington		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Idaho b. COUNTY Payette	
b. CITY OR TOWN Haizer		c. CITY OR TOWN Payette	
c. FULL NAME OF HOSPITAL OR INSTITUTION Haizer Memorial Hospital		d. STREET ADDRESS (If rural, give location) 15 South 16th Street	
3. CHILD'S NAME (Type or Print) Stephen Gerrard Jennings			
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 25, 1952
7. FATHER'S NAME a. (First) Tom b. (Middle) Jennings c. (Last) White		8. COLOR OR RACE White	
9. AGE (At time of this birth) 31 YEARS	10. BIRTHPLACE (State or foreign country) Chicago, Illinois	11a. USUAL OCCUPATION Armed Services	11b. KIND OF BUSINESS OR INDUSTRY United States Army
12. MOTHER'S MAIDEN NAME a. (First) Lela b. (Middle) Rhodes c. (Last) White		13. COLOR OR RACE White	
14. AGE (At time of this birth) 29 YEARS	15. BIRTHPLACE (State or foreign country) Valentine, Nebraska	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? 2 b. How many children were born alive but are now dead? 0 c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT Tom Jennings Payette, Idaho			
18a. LENGTH OF PREGNANCY 30 WEEKS	18b. WEIGHT AT BIRTH 6 LBS. 0 OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date Oct. 3rd, 1952	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Placental Separation of Placenta		
	20b. MATERNAL CAUSES Placental Separation		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR None		22. STATE ALL OPERATIONS FOR DELIVERY None	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.	23a. ATTENDANT'S SIGNATURE M. D. McCreath M.D.		23b. DATE SIGNED M.D. Dec. 26, 1952
	23c. ATTENDANT'S ADDRESS Haizer, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL Giffard R. Shaffer TITLE _____
25a. BURIAL, CREMATION, REMOVAL (Specify) Removal	25b. DATE Dec. 25, 1952	25c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	25d. LOCATION (City, town, or county) (State) Payette, Idaho
DATE REC'D BY LOCAL REG. 12-26-52	REGISTRAR'S SIGNATURE M. D. McCreath	26. FUNERAL DIRECTOR ADDRESS Giffard R. Shaffer Payette, Idaho	

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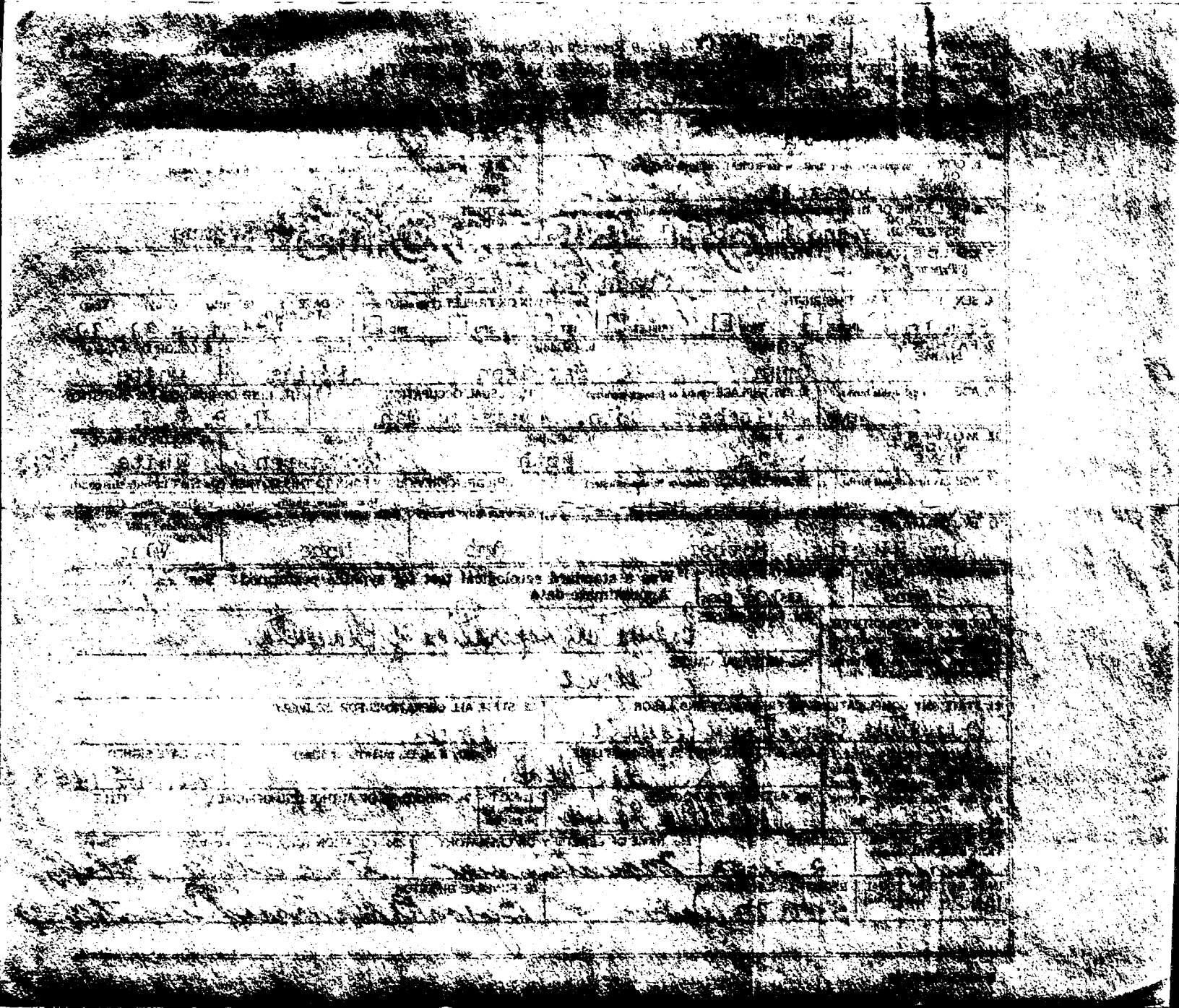
JAN 30 1953 CERTIFICATE OF STILLBIRTH
DIVISION OF VITAL State of Idaho

State File No. 225

Local Reg. No. 14

Reg. Dist. No. 510

1. PLACE OF STILLBIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. COUNTY Pannock		a. STATE Idaho	b. COUNTY Pannock
b. CITY OR TOWN Pocatello		c. CITY OR TOWN Pocatello	
c. FULL NAME OF HOSPITAL OR INSTITUTION Pannock Memorial Hospital		d. STREET ADDRESS 1015 So. 5th Avenue	
3. CHILD'S NAME (Type or Print) Susan Kay Higgins			
4. SEX Female	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) December 22, 1952
7. FATHER'S NAME	a. (First) Oran	b. (Middle) Harrison	c. (Last) Higgins
9. AGE (At time of this birth) 24 YEARS	10. BIRTHPLACE (State or foreign country) Pritchett, Colo.	11a. USUAL OCCUPATION Battery Man	11b. KIND OF BUSINESS OR INDUSTRY U. P. R. R.
12. MOTHER'S MAIDEN NAME	a. (First) Alma	b. (Middle) Ruth	c. (Last) McPharren
14. AGE (At time of this birth) 21 YEARS	15. BIRTHPLACE (State or foreign country) Guthrie, Okla.	13. COLOR OR RACE White	
17. INFORMANT Alma Higgins, Mother		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many children are now living? One b. How many children were born alive but are now dead? None c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? None	
18a. LENGTH OF PREGNANCY 34 WEEKS	18b. WEIGHT AT BIRTH 2 LBS 10 OZS	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date y36-2	
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)	20a. FETAL CAUSES Premature separation of Placenta.		
	20b. MATERNAL CAUSES None.		
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR Premature separation of Placenta.		22. STATE ALL OPERATIONS FOR DELIVERY None.	
I hereby certify that I attended the birth of this child who was born dead on the date stated above at 7:30 P. M.		23a. ATTENDANT'S SIGNATURE A. R. Olsen, M.D. 23b. DATE SIGNED Jan. 19 th 1953.	
23c. ATTENDANT'S ADDRESS Pocatello, Idaho.		24. SIGNATURE OF AUTHORIZED OFFICIAL Byron B. Lawrence TITLE Pocatello, Idaho.	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE 12-30-52	25c. NAME OF CEMETERY OR CREMATORY Mountainview	25d. LOCATION (City, town, or county) (State) Pocatello Idaho
DATE REC'D BY LOCAL REG. JAN 26 1953	REGISTRAR'S SIGNATURE E. V. M. Wallin	26. FUNERAL DIRECTOR Byron B. Lawrence	



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JAN 29 1952
DIVISION OF VITAL STATISTICS
State of Idaho

State File No. 226

Local Reg. No. 17

Reg. Dist. No. 362

1. PLACE OF STILLBIRTH			2. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Canyon			a. STATE Idaho		
b. CITY (If outside corporate limits, write RURAL and give township) Nampa			b. COUNTY Canyon		
c. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			c. CITY (If outside corporate limits, write RURAL and give township) Nampa - Rural		
			d. STREET ADDRESS (If rural, give location) Rt # 3		
3. CHILD'S NAME (Type or Print) TERRY SPURGEON BENSON					
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF STILLBIRTH (Month) (Day) (Year) Dec. 14, 1952		
7. FATHER'S NAME		a. (First) John	b. (Middle) J.	c. (Last) Benson	8. COLOR OR RACE White
9. AGE (At time of this birth) 34 YEARS	10. BIRTHPLACE (State or foreign country) Appleton, Minn.	11a. USUAL OCCUPATION Farmer		11b. KIND OF BUSINESS OR INDUSTRY Farming	
12. MOTHER'S MAIDEN NAME Edith		a. (First)	b. (Middle)	c. (Last) McElrath	13. COLOR OR RACE White
14. AGE (At time of this birth) 28 YEARS	15. BIRTHPLACE (State or foreign country) Candler N.C.		16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many children are now living? 1	b. How many children were born alive but are now dead? 0	c. How many OTHER children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. INFORMANT John G. Benson					
18a. LENGTH OF PREGNANCY WEEKS	18b. WEIGHT AT BIRTH LBS. OZS.	19. Was a standard serological test for syphilis performed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Approximate date July 52			
CAUSE OF STILLBIRTH State only morbid conditions causing fetal death (do NOT use such terms as Stillbirth, Prematurity, Asphyxia, etc.)		20a. FETAL CAUSES Hemophilia			
		20b. MATERNAL CAUSES Hemophilia			
21. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR none			22. STATE ALL OPERATIONS FOR DELIVERY none		
I hereby certify that I attended the birth of this child who was born dead on the date stated above at _____ m.		23a. ATTENDANT'S SIGNATURE [Signature]		23b. DATE SIGNED 1-7-52	
		23c. ATTENDANT'S ADDRESS Nampa, Idaho		24. SIGNATURE OF AUTHORIZED OFFICIAL [Signature] TITLE	
25a. BURIAL, CREMATION, REMOVAL (Specify) Burial	25b. DATE Dec. 16, 52	25c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery		25d. LOCATION (City, town, or county) (State) Nampa Idaho	
DATE REC'D BY LOCAL REG. Jan 27, 1953	REGISTRAR'S SIGNATURE [Signature]		26. FUNERAL DIRECTOR Alsip Funeral Chapel ADDRESS Nampa, Idaho		

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